

PROVIDER CCN: 14-0147 RICHLAND MEMORIAL HOSPITAL
PERIOD FROM 10/01/2010 TO 09/30/2011

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
03/12/2012 10:30

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT
CERTIFICATION AND SETTLEMENT SUMMARY

WORKSHEET S
PARTS I, II & III

PART I - COST REPORT STATUS

PROVIDER USE ONLY 1. ☒ ELECTRONICALLY FILED COST REPORT DATE: 03/12/2012 TIME: 10:30
2. ☐ MANUALLY SUBMITTED COST REPORT
3. ☐ IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT
4. ☐ MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.

CONTRACTOR 5. ☐ COST REPORT STATUS 6. DATE RECEIVED: 10. NPR DATE:
USE ONLY 1 - AS SUBMITTED 7. CONTRACTOR NO: 11. CONTRACTOR'S VENDOR CODE:
2 - SETTLED WITHOUT AUDIT 8. ☐ INITIAL REPORT FOR THIS PROVIDER CCN 12. ☐ IF LINE 5, COLUMN 1 IS 4: ENTER
3 - SETTLED WITH AUDIT 9. ☐ FINAL REPORT FOR THIS PROVIDER CCN NUMBER OF TIMES REOPENED - 0-9.
4 - REOPENED
5 - AMENDED

PART II - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY RICHLAND MEMORIAL HOSPITAL (14-0147) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2010 AND ENDING 09/30/2011, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR Encryption: 03/12/2012 10:30
v.YrXkvxVARzZUhUNY92XWq62fvhs0
5.x.Q0Dku9lziP9.mYLGMSqgrttcXS
FPyOlqkfzL0rhW83

(SIGNED)

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PI Encryption: 03/12/2012 10:30
P7.vtm4RNc87pyIqrWcgZMb0mQv5G0
LaBSX0s2wHmVUCTXyU8.7UeH:IKsna
hokR01SzoV0Yvcu.
PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII PART A 2	PART B 3	HIT 4	TITLE XIX 5	
1	HOSPITAL	181,809	67,695			1
2	SUBPROVIDER - IPF	8,065				2
3	SUBPROVIDER - IRF					3
4	SUBPROVIDER (OTHER)					4
5	SWING BED - SNF	2,750				5
6	SWING BED - NF					6
7	SKILLED NURSING FACILITY					7
8	NURSING FACILITY					8
9	HOME HEALTH AGENCY					9
10	HEALTH CLINIC - RHC					10
11	HEALTH CLINIC - FQHC					11
12	OUTPATIENT REHABILITATION PROVIDER					12
200	TOTAL	192,624	67,695			200

THE ABOVE AMOUNTS REPRESENT 'DUE TO' OR 'DUE FROM' THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED.

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 673 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORT CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MARYLAND 21244-1850.

PROVIDER CCN: 14-0147 RICHLAND MEMORIAL HOSPITAL
PERIOD FROM 10/01/2010 TO 09/30/2011

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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VERSION: 2011.10
03/12/2012 10:04

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 800 EAST LOCUST
2 CITY: OLNEY

STATE: IL

P.O.BOX:

ZIP CODE: 62450-2958 COUNTY: RICHLAND

1
2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

	COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)		
							V	XVIII	XIX
							6	7	8
3	HOSPITAL	RICHLAND MEMORIAL HOSPITAL	14-0147	99914	1	07/01/1966	N	P	P
4	SUBPROVIDER - IPF	RICHLAND MEMORIAL HOSPITAL PS	14-S147	99914	4	07/01/1966	N	P	P
5	SUBPROVIDER - IRF								
6	SUBPROVIDER - (OTHER)								
7	SWING BEDS - SNF	RICHLAND MEMORIAL HOSPITAL SW	14-U147	99914		11/13/2003	N	P	N
8	SWING BEDS - NF								
9	HOSPITAL-BASED SNF	RICHLAND MEMORIAL HOSPITAL SN	14-5580	99914		11/05/1987	N	P	N
10	HOSPITAL-BASED NF								
11	HOSPITAL-BASED OLTC								
12	HOSPITAL-BASED HHA	RICHLAND MEMORIAL HOSPITAL HH	14-7187	99914		05/01/1980	N	P	N
13	SEPARATELY CERTIFIED ASC								
14	HOSPITAL-BASED HOSPICE	RICHLAND MEMORIAL HOSPITAL H	14-1542	99914		04/23/1991			
15	HOSPITAL-BASED HEALTH CLINIC - RHC								
16	HOSPITAL-BASED HEALTH CLINIC - FQHC								
17	HOSPITAL-BASED (CMHC)								
18	RENAL DIALYSIS								
19	OTHER								
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 10/01/2010	TO: 09/30/2011						
21	TYPE OF CONTROL								

INPATIENT PPS INFORMATION

22	DOES THIS FACILITY QUALIFY FOR AND RECEIVE DISPROPORTIONATE SHARE HOSPITAL PAYMENT IN ACCORDANCE WITH 42 CFR §412.106 IN COLUMN 1, ENTER 'Y' FOR YES AND 'N' FOR NO. IS THIS FACILITY SUBJECT TO 42 CFR §412.06(c)(2) (PICKLE AMENDMENT HOSPITAL)? IN COLUMN 2, ENTER 'Y', FOR YES OR 'N' FOR NO.							1	2
23	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON LINES 24 AND/OR 25 BELOW? IN COLUMN 1, ENTER 1 IF DATE OF ADMISSION, 2 IF CENSUS DAYS, OR 3 IF DATE OF DISCHARGE. IS THE METHOD OF IDENTIFYING THE DAYS IN THIS COST REPORTING PERIOD DIFFERENT FROM THE METHOD USED IN THE PRIOR COST REPORTING PERIOD? IN COLUMN 2, ENTER 'Y' FOR YES OR 'N' FOR NO.							3	N
24	IF LINE 22 AND/OR 45 IS 'YES', AND THIS PROVIDER IS AN IPPS HOSPITAL ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	1,510	2	3	4	5	6	169	24
25	IF THIS PROVIDER IS AN IRF THEN, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.								25
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				2				26
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				2				27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.								35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.		BEGINNING:		ENDING:				36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.			1					37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.		BEGINNING: 10/01/2010		ENDING: 09/30/2011				38

		V	XVIII	XIX
45	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N	2	3
46	IS THIS FACILITY ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR §412.348(g)? IF YES, COMPLETE WORKSHEET L, PART III AND L-1, PARTS I THROUGH III.	N	N	N
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS		1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N			56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 21248? IF YES, COMPLETE WORKSHEET D-5.				58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	N			60
61	DID YOUR FACILITY RECEIVE ADDITIONAL FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 'Y', EFFECTIVE FOR PORTIONS OF COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2011 ENTER THE AVERAGE NUMBER OF PRIMARY CARE FTE RESIDENTS FOR IME IN COLUMN 2 AND DIRECT GME IN COLUMN 3 FROM THE HOSPITAL'S THREE MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)	Y/N N	IME AVERAGE	DIRECT GME AVERAGE	61
ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)					
62	ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL TRAINED IN THIS COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVED HRSA PCRE FUNDING (SEE INSTRUCTIONS)				62
62.01	ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A TEACHING HEALTH CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING PERIOD OF HRSA THC PROGRAM. (SEE INSTRUCTIONS)				62.01
TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS					
63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	N			63
SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS					
THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER JULY 1, 2009 AND BEFORE JUNE 30, 2010.					
64	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	64
ENTER IN LINES 65-65.49, COLUMN 1 THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 + COLUMN 4)). (SEE INSTRUCTIONS)					
PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))	
1	2	3	4	5	
SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS					
EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010					
66	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	66

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

ENTER IN LINES 67-67.49, COLUMN 1 THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTES THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 + COLUMN 4)). (SEE INSTRUCTIONS)

PROGRAM NAME 1	PROGRAM CODE 2	UNWEIGHTED FTES NONPROVIDER SITE 3	UNWEIGHTED FTES IN HOSPITAL 4	RATIO (COL.1/ (COL.3+COL.4)) 5
INPATIENT PSYCHIATRIC FACILITY PPS				
70	IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.		Y	70
71	IF LINE 70 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.		N	71
INPATIENT REHABILITATION FACILITY PPS				
75	IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.		N	75
76	IF LINE 75 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			76
LONG TERM CARE HOSPITAL PPS				
80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.		N	80
TEFRA PROVIDERS				
85	IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA?. ENTER 'Y' FOR YES OR 'N' FOR NO.		N	85
86	DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)? ENTER 'Y' FOR YES, OR 'N' FOR NO.		N	86
TITLE V AND XIX INPATIENT SERVICES				
90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.		N	90
91	IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.		N	91
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.		N	92
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.		N	93
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.		N	94
95	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			95
96	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.		N	96
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			97
RURAL PROVIDERS				
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?		N	105
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.			106
107	COLUMN 1: IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES, COMPLETE WORKSHEET D-2, PART II, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&Rs IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.			107
108	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.		N	108
109	IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.		PHY- SICAL N	109

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

		1	2	
115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	N		115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.	2		118
119	WHAT IS THE LIABILITY LIMIT FOR THE MALPRACTICE INSURANCE POLICY? ENTER IN COLUMN 1 THE MONETARY LIMIT PER LAWSUIT. ENTER IN COLUMN 2 THE MONETARY LIMIT PER POLICY YEAR.	1,000,000	3,000,000	119
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? AS AMENDED BY THE MEDICAID EXTENDER ACT (MMEA) §108? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	Y	N	120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		121

TRANSPLANT CENTER INFORMATION

125	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, ENTER CERTIFICATION DATE(S) (MM/DD/YYYY) BELOW.	N		125
126	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			126
127	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			127
128	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			128
129	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			129
130	IF THIS IS A MEDICARE CERTIFIED PANCREAS TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			130
131	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			131
132	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			132
133	IF THIS IS A MEDICARE CERTIFIED OTHER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			133
134	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			134

ALL PROVIDERS

140	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	1 N	2	140
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IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.

141	NAME:	CONTRACTOR'S NAME:	CONTRACTOR'S NUMBER:	141
142	STREET:	P.O. BOX:		142
143	CITY:	STATE:	ZIP CODE:	143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y		144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.	N		145
146	HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.	N		146
147	WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		147
148	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		148
149	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		149

DOES THIS FACILITY CONTAIN A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES? ENTER 'Y' FOR YES OR 'N' FOR NO FOR EACH COMPONENT FOR PART A AND PART B.

		PART A	PART B	
155	HOSPITAL	1 N	2 N	155
156	SUBPROVIDER - IPF	N	N	156
157	SUBPROVIDER - IRF	N	N	157
158	SUBPROVIDER - (OTHER)	N	N	158
159	SNF	N	N	159
160	HHA	N	N	160
161	CMHC		N	161

MULTICAMPUS

165	IS THIS HOSPITAL PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSAs? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		165		
166	IF LINE 165 IS YES, FOR EACH CAMPUS, ENTER THE NAME IN COLUMN 0, COUNTY IN COLUMN 1, STATE IN COLUMN 2, ZIP IN COLUMN 3, CBSA IN COLUMN 4, FTE/CAMPUS IN COLUMN 5.					
	NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
	0	1	2	3	4	5

HEALTH INFORMATION TECHNOLOGY (HIT) INCENTIVE IN THE AMERICAN RECOVERY AND REINVESTMENT ACT

167	IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(n)? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		167
168	IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND A MEANINGFUL USER (LINE 167 IS 'Y'), ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS.			168
169	IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH (LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.			169

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
 PART II

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES.
 ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

COMPLETED BY ALL HOSPITALS

		Y/N	DATE	
PROVIDER ORGANIZATION AND OPERATION		1	2	
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	N		1
		Y/N	DATE	V/I
		1	2	3
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	N		2
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	N		3
		Y/N	TYPE	DATE
		1	2	3
FINANCIAL DATA AND REPORTS				
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	Y	A	4
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N		5
		Y/N	Y/N	
		1	2	
APPROVED EDUCATIONAL ACTIVITIES				
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N		6
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	N		7
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N		9
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.			11
		Y/N	Y/N	
		1	2	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			12
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			13
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			14
BED COMPLEMENT				
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			15

		PART A		PART B	
		Y/N	DATE	Y/N	DATE
		1	2	3	4
PS&R REPORT DATA					
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	Y	12/13/2011	Y	12/13/2011
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N	
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES.
ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)

CAPITAL RELATED COST

22	HAVE ASSETS BEEN RELIEFED FOR MEDICARE PURPOSES? IF YES, SEE INSTRUCTIONS.	22
23	HAVE CHANGES OCCURRED IN THE MEDICARE DEPRECIATION EXPENSE DUE TO APPRAISALS MADE DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	23
24	WERE NEW LEASES AND/OR AMENDMENTS TO EXISTING LEASES ENTERED INTO DURING THIS COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	24
25	HAVE THERE BEEN NEW CAPITALIZED LEASES ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	25
26	WERE ASSETS SUBJECT TO SEC. 2314 OF DEFRA ACQUIRED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	26
27	HAS THE PROVIDER'S CAPITALIZED POLICY CHANGED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	27

INTEREST EXPENSE

28	WERE NEW LOANS, MORTGAGE AGREEMENTS OR LETTERS OF CREDIT ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	28
29	DID THE PROVIDER HAVE A FUNDED DEPRECIATION ACCOUNT AND/OR BOND FUNDS (DEBT SERVICE RESERVE FUND) TREATED AS A FUNDED DEPRECIATION ACCOUNT? IF YES, SEE INSTRUCTIONS.	29
30	HAS EXISTING DEBT BEEN REPLACED PRIOR TO ITS SCHEDULED MATURITY WITH NEW DEBT? IF YES, SEE INSTRUCTIONS.	30
31	HAS DEBT BEEN RECALLED BEFORE SCHEDULED MATURITY WITHOUT ISSUANCE OF NEW DEBT? IF YES, SEE INSTRUCTIONS.	31

PURCHASED SERVICES

32	HAVE CHANGES OR NEW AGREEMENTS OCCURRED IN PATIENT CARE SERVICES FURNISHED THROUGH CONTRACTUAL ARRANGEMENTS WITH SUPPLIERS OF SERVICES? IF YES, SEE INSTRUCTIONS.	32
33	IF LINE 32 IS YES, WERE THE REQUIREMENTS OF SEC. 2135.2 APPLIED PERTAINING TO COMPETITIVE BIDDING? IF NO, SEE INSTRUCTIONS.	33

PROVIDER-BASED PHYSICIANS

34	ARE SERVICES FURNISHED AT THE PROVIDER FACILITY UNDER AN ARRANGEMENT WITH PROVIDER-BASED PHYSICIANS? IF YES, SEE INSTRUCTIONS.	34
35	IF LINE 34 IS YES, WERE THERE NEW AGREEMENTS OR AMENDED EXISTING AGREEMENTS WITH THE PROVIDER-BASED PHYSICIANS DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	35

HOME OFFICE COSTS

	Y/N	DATE	
	1	2	
36	WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT?		36
37	IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.		37
38	IF LINE 36 IS YES, WAS THE FISCAL YEAR END OF THE HOME OFFICE DIFFERENT FROM THAT OF THE PROVIDER? IF YES, ENTER IN COLUMN 2 THE FISCAL YEAR END OF THE HOME OFFICE.		38
39	IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS.		39
40	IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.		40

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I

LINE NO.	COMPONENT	WKST A 1	NO OF BEDS 2	BED DAYS AVAILABLE 3	CAH HOURS 4	INPATIENT DAYS / OUTPATIENT VISITS / TRIPS			TOTAL ALL PATIENTS 8	
						TITLE V 5	TITLE XVIII 6	TITLE XIX 7		
1	HOSPITAL ADULTS & PEDS. (COLS. 5, 6, 7 AND 8 EXCLUDE SWING BED, OBSERVATION BED AND HOSPICE DAYS)	30	39	14,235			3,158	1,033	5,512	1
2	HMO							169		2
3	HMO IPF									3
4	HMO IRF									4
5	HOSPITAL ADULTS & PEDS. SWING BED SNF						289		289	5
6	HOSPITAL ADULTS & PEDS. SWING BED NF								11	6
7	TOTAL ADULTS & PEDS. (EXCLUDE OBSERVATION BEDS) (SEE INSTR.)		39	14,235			3,447	1,033	5,812	7
8	INTENSIVE CARE UNIT	31	8	2,920			1,311	20	1,435	8
9	CORONARY CARE UNIT	32								9
10	BURN INTENSIVE CARE UNIT	33								10
11	SURGICAL INTENSIVE CARE UNIT	34								11
12	OTHER SPECIAL CARE (SPECIFY)	35								12
13	NURSERY	43						457	676	13
14	TOTAL (SEE INSTRUCTIONS)		47	17,155			4,758	1,510	7,923	14
15	CAH VISITS									15
16	SUBPROVIDER - IPF	40	16	5,840			797	1,026	2,873	16
17	SUBPROVIDER - IRF	41								17
18	SUBPROVIDER I	42								18
19	SKILLED NURSING FACILITY	44	34	12,410			2,785		9,299	19
20	NURSING FACILITY	45								20
21	OTHER LONG TERM CARE	46								21
22	HOME HEALTH AGENCY	101					9,836		11,576	22
23	ASC (DISTINCT PART)	115								23
24	HOSPICE (DISTINCT PART)	116	1	365						24
25	CMHC	99								25
26	RHC	88								26
27	TOTAL (SUM OF LINES 14-26)		98							27
28	OBSERVATION BED DAYS							135	473	28
29	AMBULANCE TRIPS						926			29
30	EMPLOYEE DISCOUNT DAYS (SEE INSTR.)									30
31	EMPLOYEE DISCOUNT DAYS-IRF									31
32	LABOR & DELIVERY DAYS (SEE INSTR.)									32
33	LTCH NON-COVERED DAYS									33

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

LINE	COMPONENT	WKST A LINE NO. 1	--- FULL TIME EQUIVALENTS ---			DISCHARGES -----			
			TOTAL INTERNS & RESIDENTS	ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
			9	10	11	12			
1	HOSPITAL ADULTS & PEDS. (COLS. 5, 6, 7 AND 8 EXCLUDE SWING BED, OBSERVATION BED AND HOSPICE DAYS)	30					1,047	466	2,078
2	HMO								2
3	HMO IPF								3
4	HMO IRF								4
5	HOSPITAL ADULTS & PEDS. SWING BED SNF								5
6	HOSPITAL ADULTS & PEDS. SWING BED NF								6
7	TOTAL ADULTS & PEDS. (EXCLUDE OBSERVATION BEDS) (SEE INSTR.)								7
8	INTENSIVE CARE UNIT	31							8
9	CORONARY CARE UNIT	32							9
10	BURN INTENSIVE CARE UNIT	33							10
11	SURGICAL INTENSIVE CARE UNIT	34							11
12	OTHER SPECIAL CARE (SPECIFY)	35							12
13	NURSERY	43							13
14	TOTAL (SEE INSTRUCTIONS)			335.06			1,047	466	2,078
15	CAH VISITS								15
16	SUBPROVIDER - IPF	40		18.66			151	227	624
17	SUBPROVIDER - IRF	41							17
18	SUBPROVIDER I	42							18
19	SKILLED NURSING FACILITY	44		27.66					19
20	NURSING FACILITY	45							20
21	OTHER LONG TERM CARE	46							21
22	HOME HEALTH AGENCY	101		13.91					22
23	ASC (DISTINCT PART)	115							23
24	HOSPICE (DISTINCT PART)	116		4.89					24
25	CMHC	99							25
26	RHC	88							26
27	TOTAL (SUM OF LINES 14-26)			400.18					27
28	OBSERVATION BED DAYS								28
29	AMBULANCE TRIPS								29
30	EMPLOYEE DISCOUNT DAYS (SEE INSTR.)								30
31	EMPLOYEE DISCOUNT DAYS-IRF								31
32	LABOR & DELIVERY DAYS (SEE INSTR.)								32
33	LTC NON-COVERED DAYS								33

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II & III

PART II - WAGE DATA

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)	
	1	2	3	4	5	6	
SALARIES							
1 TOTAL SALARIES (SEE INSTRUCTIONS)	200	17,922,227		17,922,227	799,948.00	22.40	1
2 NON-PHYSICIAN ANESTHETIST PART A							2
3 NON-PHYSICIAN ANESTHETIST PART B		768,704		768,704	8,320.00	92.39	3
4 PHYSICIAN-PART A							4
4.01 PHYSICIANS-PART A - DIRECT TEACHING							4.01
5 PHYSICIAN-PART B							5
6 NON-PHYSICIAN-PART B							6
7 INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21						7
7.01 CONTRACTED INTERNS & RESIDENTS (IN APPROVED PROGRAMS)							7.01
8 HOME OFFICE PERSONNEL							8
9 SNF	44	954,425		954,425	57,539.91	16.59	9
10 EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		3,607,600		3,607,600	141,081.00	25.57	10
OTHER WAGES & RELATED COSTS							
11 CONTRACT LABOR (SEE INSTRUCTIONS)		281,100		281,100	4,156.00	67.64	11
12 MANAGEMENT AND ADMINISTRATIVE SERVICES							12
13 CONTRACT LABOR: PHYSICIAN-PART A							13
14 HOME OFFICE SALARIES & WAGE-RELATED COSTS							14
15 HOME OFFICE: PHYSICIAN-PART A							15
16 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)							16
WAGE-RELATED COSTS							
17 WAGE-RELATED COSTS (CORE)		4,198,841		4,198,841			17
18 WAGE-RELATED COSTS (OTHER)							18
19 EXCLUDED AREAS		1,453,719		1,453,719			19
20 NON-PHYSICIAN ANESTHETIST PART A							20
21 NON-PHYSICIAN ANESTHETIST PART B		140,290		140,290			21
22 PHYSICIAN PART A							22
23 PHYSICIAN PART B							23
24 WAGE-RELATED COSTS (RHC/FQHC)							24
25 INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)							25
OVERHEAD COSTS - DIRECT SALARIES							
26 EMPLOYEE BENEFITS		217,557		217,557	8,428.77	25.81	26
27 ADMINISTRATIVE & GENERAL		1,659,282		1,659,282	90,968.00	18.24	27
28 ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		30,000		30,000	400.00	75.00	28
29 MAINTENANCE & REPAIRS		482,650		482,650	24,146.75	19.99	29
30 OPERATION OF PLANT							30
31 LAUNDRY & LINEN SERVICE		220,651		220,651	18,632.87	11.84	31
32 HOUSEKEEPING		364,518		364,518	36,040.27	10.11	32
33 HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)							33
34 DIETARY		533,923	-339,422	194,501	19,493.00	9.98	34
35 DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)							35
36 CAFETERIA			339,422	339,422	34,655.00	9.79	36
37 MAINTENANCE OF PERSONNEL							37
38 NURSING ADMINISTRATION		1,036,403		1,036,403	36,943.00	28.05	38
39 CENTRAL SERVICES AND SUPPLY		74,351		74,351	6,186.55	12.02	39
40 PHARMACY		477,605		477,605	14,668.85	32.56	40
41 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		482,475		482,475	29,940.43	16.11	41
42 SOCIAL SERVICE							42
43 OTHER GENERAL SERVICE							43

PART III - HOSPITAL WAGE INDEX SUMMARY

1 NET SALARIES (SEE INSTRUCTIONS)	17,183,523	17,183,523	792,028.00	21.70	1
2 EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	4,562,025	4,562,025	198,620.91	22.97	2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	12,621,498	12,621,498	593,407.09	21.27	3
4 SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	281,100	281,100	4,156.00	67.64	4
5 SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	4,198,841	4,198,841		33.27%	5
6 TOTAL (SUM OF LINES 3 THRU 5)	17,101,439	17,101,439	597,563.09	28.62	6
7 TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	5,579,415	5,579,415	320,503.49	17.41	7

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HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
 PART IV

PART A - CORE LIST

		AMOUNT REPORTED	
	RETIREMENT COST		
1	401K EMPLOYER CONTRIBUTIONS	590,780	1
2	TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3	QUALIFIED AND NON-QUALIFIED PENSION PLAN COST		3
4	PRIOR YEAR PENSION SERVICE COST		4
	PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5	401K/TSA PLAN ADMINISTRATION FEES		5
6	LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7	EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
	HEALTH AND INSURANCE COST		
8	HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	3,180,006	8
9	PRESCRIPTION DRUG PLAN		9
10	DENTAL, HEARING AND VISION PLAN		10
11	LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)		11
12	ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13	DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		13
14	LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15	WORKERS' COMPENSATION INSURANCE	210,601	15
16	RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION)		16
	TAXES		
17	FICA-EMPLOYERS PORTION ONLY	1,240,935	17
18	MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19	UNEMPLOYMENT INSURANCE		19
20	STATE OR FEDERAL UNEMPLOYMENT TAXES	45,851	20
	OTHER		
21	EXECUTIVE DEFERRED COMPENSATION		21
22	DAY CARE COSTS AND ALLOWANCES		22
23	TUITION REIMBURSEMENT	107,988	23
24	TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	5,376,161	24
	PART B - OTHER THAN CORE RELATED COST		
25	OTHER WAGE RELATED (OTHER WAGE RELATED COST)	162,732	25

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HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3
 PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

COMPONENT		CONTRACT	BENEFIT
0		LABOR	COST
		1	2
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST	1,041,544	1
2	HOSPITAL	782,351	2
3	SUBPROVIDER - IPF	195,948	3
4	SUBPROVIDER - IRF		4
5	SUBPROVIDER - (OTHER)		5
6	SWING BEDS - SNF		6
7	SWING BEDS - NF		7
8	HOSPITAL-BASED SNF	30,000	8
9	HOSPITAL-BASED NF		9
10	HOSPITAL-BASED OLTG		10
11	HOSPITAL-BASED HHA		11
12	SEPARATELY CERTIFIED ASC		12
13	HOSPITAL-BASED HOSPICE	33,245	13
14	HOSPITAL-BASED HEALTH CLINIC - RHC		14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC		15
16	HOSPITAL-BASED (CMHC)		16
17	RENAL DIALYSIS		17
18	OTHER		18

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7187

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY:

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		1,015		37	1,052	1
2 UNDUPLICATED CENSUS COUNT (SEE INSTRUCTION		352.00		70.00	422.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: 40.00		----- NUMBER OF EMPLOYEES ----- (FULL TIME EQUIVALENT)		
STAFF 1	CONTRACT 2	TOTAL 3		
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	2.00	2.00		4
5 OTHER ADMINISTRATIVE PERSONNEL	1.40	1.40		5
6 DIRECT NURSING SERVICE	6.80	6.80		6
7 NURSING SUPERVISOR				7
8 PHYSICAL THERAPY SERVICE				8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE				10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE				12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE				14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE	3.40	3.40		16
17 HOME HEALTH AIDE SUPERVISOR				17
18 OTHER (SPECIFY)				18

HOME HEALTH AGENCY CBSA CODES

19 ENTER IN COLUMN 1 THE NUMBER OF CBSAs WHERE YOU PROVIDED SERVICES DURING THE COST REPORTING PERIOD.	1	19
20 LIST THOSE CBSA CODE(S) IN COLUMN 1 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE).	99914	20

PPS ACTIVITY

	FULL EPISODES		LUPA	PEP ONLY	TOTAL	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	EPISODES 3	EPISODES 4	(COLS. 1-4) 5	
21 SKILLED NURSING VISITS	4,821	264	149	39	5,273	21
22 SKILLED NURSING VISIT CHARGES	962,113	52,458	29,792	7,813	1,052,176	22
23 PHYSICAL THERAPY VISITS	2,273	11	23	36	2,343	23
24 PHYSICAL THERAPY VISIT CHARGES	455,299	2,144	4,622	7,187	469,252	24
25 OCCUPATIONAL THERAPY VISITS	306		1	1	308	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	60,996		200	200	61,396	26
27 SPEECH PATHOLOGY VISITS	122				122	27
28 SPEECH PATHOLOGY VISIT CHARGES	24,570				24,570	28
29 MEDICAL SOCIAL SERVICE VISITS	46		1		47	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	12,749		278		13,027	30
31 HOME HEALTH AIDE VISITS	1,732	1	4	5	1,742	31
32 HOME HEALTH AIDE VISIT CHARGES	200,933	111	467	583	202,094	32
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29, AND 31)	9,300	276	178	81	9,835	33
34 OTHER CHARGES						34
35 TOTAL CHARGES (SUM OF LINES 22, 24, 26, 28, 30, 32 AND 34)	1,716,660	54,713	35,359	15,783	1,822,515	35
36 TOTAL NUMBER OF EPISODES (STANDARD/ NON-OUTLIER)	495		60	8	563	36
37 TOTAL NUMBER OF OUTLIER EPISODES		6			6	37
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	62,184	3,582	4,439	72	70,277	38

PROVIDER CCN: 14-0147 RICHLAND MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2010 TO 09/30/2011

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 03/12/2012 10:04

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

		Y/N 1	DATE 2	
1	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, WERE ALL PATIENTS UNDER MANAGED CARE OR WAS THERE NO MEDICARE UTILIZATION? ENTER 'Y' FOR YES IN COLUMN 1 AND DO NOT COMPLETE THE REST OF THIS WORKSHEET.	N		1
2	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	Y	11/12/2003	2
	GROUP 1	SNF DAYS 2	SWING BED SNF DAYS 3	TOTAL (COLS. 2 + 3) 4
3	RUX			3
4	RUL			4
5	RVX	23		5
6	RVL	93		6
7	RHX			7
8	RHL			8
9	RMX	8		9
10	RML	28	19	10
11	RLX			11
12	RUC	66		12
13	RUB	110		13
14	RUA	91		14
15	RVC	261		15
16	RVB	330		16
17	RVA	675		17
18	RHC	181		18
19	RHB	102	31	19
20	RHA	214	6	20
21	RMC	118		21
22	RMB	93	18	22
23	RMA	218	42	23
24	RLB			24
25	RLA			25
26	ES3			26
27	ES2			27
28	ES1	10	23	28
29	HE2	8		29
30	HE1			30
31	HD2			31
32	HD1	2	16	32
33	HC2			33
34	HC1	5	12	34
35	HB2			35
36	HB1	27	19	36
37	LE2			37
38	LE1			38
39	LD2			39
40	LD1			40
41	LC2			41
42	LC1		5	42
43	LB2			43
44	LB1		8	44
45	CE2			45
46	CE1		9	46
47	CD2			47
48	CD1	40	10	48
49	CC2			49
50	CC1	36	15	50
51	CB2		5	51
52	CB1	20	10	52
53	CA2		3	53
54	CA1	18	38	54
55	SE3			55
56	SE2			56
57	SE1			57
58	SSC			58
59	SSB			59
60	SSA			60
61	IB2			61
62	IB1			62
63	IA1			63
64	IA2			64
65	BB2			65
66	BB1			66
67	BA2			67
68	BA1			68

PROVIDER CCN: 14-0147 RICHLAND MEMORIAL HOSPITAL
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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

		GROUP	SNF	SWING BED	TOTAL
		1	DAYS	SNF DAYS	(COLS.
			2	3	2 + 3)
					4
69	PE2				69
70	PE1				70
71	PD2				71
72	PD1		2		2 72
73	PC2				73
74	PC1				74
75	PB2				75
76	PB1		4		4 76
77	PA2				77
78	PA1		2		2 78
199	AAA				199
200	TOTAL		2,785	289	3,074 200

		CBSA AT	CBSA	
		BEGINNING	ON/AFTER	
		OF COST	OF THE COST	
		REPORTING	REPORTING	
		PERIOD	PERIOD (IF	
		1	APPLICABLE)	2
201	ENTER IN COLUMN 1 THE SNF CBSA CODE, OR 5 CHARACTER NON-CBSA CODE IF A RURAL FACILITY, IN EFFECT AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER IN COLUMN 2 THE CODE IN EFFECT ON OR AFTER OCTOBER 1 OF THE COST REPORTING PERIOD (IF APPLICABLE).	00014	00014	201

A NOTICE PUBLISHED IN THE FEDERAL REGISTER VOLUME 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. FOR LINES 202 THROUGH 207: ENTER IN COLUMN 1 THE AMOUNT OF THE EXPENSE FOR EACH CATEGORY. ENTER IN COLUMN 2 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 7, COLUMN 3. IN COLUMN 3, ENTER 'Y' OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)

		EXPENSES	PERCENTAGE	ASSOCIATED	
		1	2	WITH	
				DIRECT	
				PATIENT	
				CARE AND	
				RELATED	
				EXPENSES?	
202	STAFFING	954,425	52.87%	Y	202
203	RECRUITMENT				203
204	RETENTION OF EMPLOYEES				204
205	TRAINING				205
206	OTHER (SPECIFY)				206
207	TOTAL SNF REVENUE (WORKSHEET G-2, PART I, LINE 7, COLUMN 3)	1,805,275			207

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HOSPICE IDENTIFICATION DATA

HOSPICE NO.: 14-1542

WORKSHEET S-9
 PARTS I & II

PART I - ENROLLMENT DAYS

		----- UNDUPLICATED DAYS -----					
		TITLE XVIII	TITLE XIX	TITLE XVIII SKILLED NURSING FACILITY	TITLE XIX NURSING FACILITY	ALL OTHER	TOTAL (SUM OF COLS. 1, 2 & 5)
		1	2	3	4	5	6
1	CONTINUOUS HOME CARE						1
2	ROUTINE HOME CARE	4,084	503			351	4,938
3	INPATIENT RESPITE CARE	1	9				10
4	GENERAL INPATIENT CARE						4
5	TOTAL HOSPICE DAYS	4,085	512			351	4,948

PART II - CENSUS DATA

		TITLE XVIII	TITLE XIX	TITLE XVIII SKILLED NURSING FACILITY	TITLE XIX NURSING FACILITY	ALL OTHER	TOTAL (SUM OF COLS. 1, 2 & 5)
		1	2	3	4	5	6
6	NUMBER OF PATIENTS RECEIVING HOSPICE CARE	80	6			8	94
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE						7
8	AVERAGE LENGTH OF STAY (LINE 5/LINE 6)	51.06	85.33			43.88	52.64
9	UNDUPLICATED CENSUS COUNT						9

NOTE: PARTS I & II, COLUMNS 1 AND 2 ALSO INCLUDE THE DAYS REPORTED IN COLUMN 3 AND 4.

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HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 200, COL. 3 DIVIDED BY LINE 200, COL. 8)	0.293073	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)			
2	NET REVENUE FROM MEDICAID	3,016,804	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?	Y	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?	Y	4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID		5
6	MEDICAID CHARGES	24,105,667	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)	7,064,723	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5)	4,047,919	8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP) (SEE INSTRUCTIONS FOR EACH LINE)			
9	NET REVENUE FROM STAND-ALONE SCHIP		9
10	STAND-ALONE SCHIP CHARGES		10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)		11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9)		12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)			
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)		13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)		14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)		15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13)		16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)			
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE		17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS		18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)	4,047,919	19

		UNINSURED PATIENTS 1	INSURED PATIENTS 2	TOTAL 3	
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FAMILY	2,298,714	4,415,624	6,714,338	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	673,691	1,294,101	1,967,792	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	53,510	68,715	122,225	22
23	COST OF CHARITY CARE	620,181	1,225,386	1,845,567	23
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM				N 24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)				25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)			2,414,975	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			439,893	27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			1,975,082	28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			578,843	29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			2,424,410	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			6,472,329	31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
GENERAL SERVICE COST CENTERS						
1	00100		599,164	599,164	390,537	1
2	00200		1,076,256	1,076,256	45,725	2
3	00300					3
4	00400	217,557	5,727,919	5,945,476		4
5	00500	1,659,282	6,039,458	7,698,740	-59,372	5
6	00600	482,650	357,031	839,681		6
7	00700		542,334	542,334		7
8	00800	220,651	80,584	301,235		8
9	00900	364,518	111,262	475,780		9
10	01000	533,923	733,035	1,266,958	-805,422	10
11	01100				805,422	11
12	01200					12
13	01300	1,036,403	83,806	1,120,209		13
14	01400	74,351	259,604	333,955		14
15	01500	477,605	1,447,695	1,925,300		15
16	01600	482,475	132,383	614,858		16
17	01700					17
19	01900					19
20	02000					20
21	02100					21
22	02200					22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	1,971,811	163,251	2,135,062		30
31	03100	681,643	71,293	752,936		31
40	04000	773,198	225,292	998,490		40
43	04300	183,106	11,837	194,943		43
44	04400	954,425	131,093	1,085,518		44
ANCILLARY SERVICE COST CENTERS						
50	05000	662,099	296,345	958,444		50
53	05300	768,704	23,447	792,151		53
54	05400	528,630	177,200	705,830		54
56	05600	2,698	188,766	191,464		56
57	05700	152,064	136,117	288,181		57
58	05800		196,695	196,695		58
60	06000	754,606	1,139,033	1,893,639		60
62.30	06250					62.30
64	06400		29,617	29,617		64
65	06500	356,710	10,567	367,277		65
66	06600	1,059,731	37,155	1,096,886		66
68	06800	102,017	4,937	106,954		68
69	06900		197,952	197,952		69
71	07100		1,108,524	1,108,524	-150,000	71
72	07200				150,000	72
73	07300					73
76.97	07697					76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
91	09100	586,968	521,271	1,108,239		91
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
95	09500	443,851	120,119	563,970		95
99.10	09910					99.10
99.20	09920					99.20
99.30	09930					99.30
99.40	09940					99.40
101	10100	625,010	123,650	748,660		101
SPECIAL PURPOSE COST CENTERS						
113	11300		376,890	376,890	-376,890	113
116	11600	201,800	148,132	349,932		116
118		16,358,486	22,629,714	38,988,200		118
NONREIMBURSABLE COST CENTERS						
192	19200	1,543,067	158,541	1,701,608		192
194	07950					194
194.01	07952	20,674	2,905	23,579		194.01
194.02	07953					194.02
200		17,922,227	22,791,160	40,713,387		200

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7		
GENERAL SERVICE COST CENTERS						
1	00100	CAP REL COSTS-BLDG & FIXT	989,701	-45,704	943,997	1
2	00200	CAP REL COSTS-MVBLE EQUIP	1,121,981	-4,695	1,117,286	2
3	00300	OTHER CAPITAL RELATED COSTS				3
4	00400	EMPLOYEE BENEFITS	5,945,476	-266,402	5,679,074	4
5	00500	ADMINISTRATIVE & GENERAL	7,639,368	-4,452,890	3,186,478	5
6	00600	MAINTENANCE & REPAIRS	839,681		839,681	6
7	00700	OPERATION OF PLANT	542,334		542,334	7
8	00800	LAUNDRY & LINEN SERVICE	301,235	-216,633	84,602	8
9	00900	HOUSEKEEPING	475,780		475,780	9
10	01000	DIETARY	461,536		461,536	10
11	01100	CAFETERIA	805,422	-255,801	549,621	11
12	01200	MAINTENANCE OF PERSONNEL				12
13	01300	NURSING ADMINISTRATION	1,120,209		1,120,209	13
14	01400	CENTRAL SERVICES & SUPPLY	333,955	-1,884	332,071	14
15	01500	PHARMACY	1,925,300	-334	1,924,966	15
16	01600	MEDICAL RECORDS & LIBRARY	614,858	-1,597	613,261	16
17	01700	SOCIAL SERVICE				17
19	01900	NONPHYSICIAN ANESTHETISTS				19
20	02000	NURSING SCHOOL				20
21	02100	I&R SRVCES-SALARY & FRINGES APPRVD				21
22	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD				22
23	02300	PARAMED ED PRGM-(SPECIFY)				23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	ADULTS & PEDIATRICS	2,135,062	-150	2,134,912	30
31	03100	INTENSIVE CARE UNIT	752,936		752,936	31
40	04000	SUBPROVIDER - IPF	998,490	-99,948	898,542	40
43	04300	NURSERY	194,943		194,943	43
44	04400	SKILLED NURSING FACILITY	1,085,518		1,085,518	44
ANCILLARY SERVICE COST CENTERS						
50	05000	OPERATING ROOM	958,444		958,444	50
53	05300	ANESTHESIOLOGY	792,151	-768,704	23,447	53
54	05400	RADIOLOGY-DIAGNOSTIC	705,830		705,830	54
56	05600	RADIOISOTOPE	191,464		191,464	56
57	05700	COMPUTED TOMOGRAPHY (CT) SCAN	288,181		288,181	57
58	05800	MAGNETIC RESONANCE IMAGING (MRI)	196,695		196,695	58
60	06000	LABORATORY	1,893,639		1,893,639	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
64	06400	INTRAVENOUS THERAPY	29,617		29,617	64
65	06500	RESPIRATORY THERAPY	367,277		367,277	65
66	06600	PHYSICAL THERAPY	1,096,886		1,096,886	66
68	06800	SPEECH PATHOLOGY	106,954		106,954	68
69	06900	ELECTROCARDIOLOGY	197,952		197,952	69
71	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	958,524		958,524	71
72	07200	IMPL. DEV. CHARGED TO PATIENT	150,000		150,000	72
73	07300	DRUGS CHARGED TO PATIENTS				73
76.97	07697	CARDIAC REHABILITATION				76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				76.98
76.99	07699	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS						
91	09100	EMERGENCY	1,108,239	-460,012	648,227	91
92	09200	OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS						
95	09500	AMBULANCE SERVICES	563,970		563,970	95
99.10	09910	CORF				99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY				99.40
101	10100	HOME HEALTH AGENCY	748,660		748,660	101
SPECIAL PURPOSE COST CENTERS						
113	11300	INTEREST EXPENSE				113
116	11600	HOSPICE	349,932		349,932	116
118		SUBTOTALS (SUM OF LINES 1-117)	38,988,200	-6,574,754	32,413,446	118
NONREIMBURSABLE COST CENTERS						
192	19200	PHYSICIANS' PRIVATE OFFICES	1,701,608		1,701,608	192
194	07950	OTHER NONREIMBURSABLE				194
194.01	07952	MEMORY DISORDER	23,579		23,579	194.01
194.02	07953	ASSISTED LIVING				194.02
200		TOTAL (SUM OF LINES 118-199)	40,713,387	-6,574,754	34,138,633	200

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RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE	SALARY	OTHER
	1	2	LINE #	4	5
1 RECLASS CAFETERIA	A	CAFETERIA	11	339,422	466,000 1
500 TOTAL RECLASSIFICATIONS				339,422	466,000 500
CODE LETTER - A					
1 INTEREST EXPENSE	B	CAP REL COSTS-BLDG & FIXT	1		339,433 1
2		CAP REL COSTS-MVBLE EQUIP	2		37,457 2
500 TOTAL RECLASSIFICATIONS					376,890 500
CODE LETTER - B					
1 OTHER CAPITAL RELATED	C	CAP REL COSTS-BLDG & FIXT	1		51,104 1
2		CAP REL COSTS-MVBLE EQUIP	2		8,268 2
500 TOTAL RECLASSIFICATIONS					59,372 500
CODE LETTER - C					
1 RECLASS MEDICAL SUPPLIES	D	IMPL. DEV. CHARGED TO PATIENT	72		150,000 1
500 TOTAL RECLASSIFICATIONS					150,000 500
CODE LETTER - D					
GRAND TOTAL (INCREASES)				339,422	1,052,262

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RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	COST CENTER 6	DECREASE LINE # 7	SALARY 8	OTHER 9	WKST A-7 REF. 10
1 RECLASS CAFETERIA	A	DIETARY	10	339,422	466,000	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - A				339,422	466,000	500
1 INTEREST EXPENSE	B	INTEREST EXPENSE	113		376,890	11 1
2						11 2
500 TOTAL RECLASSIFICATIONS CODE LETTER - B					376,890	500
1 OTHER CAPITAL RELATED	C	ADMINISTRATIVE & GENERAL	5		59,372	12 1
2						12 2
500 TOTAL RECLASSIFICATIONS CODE LETTER - C					59,372	500
1 RECLASS MEDICAL SUPPLIES	D	MEDICAL SUPPLIES CHRGED TO PA	71		150,000	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - D					150,000	500
GRAND TOTAL (DECREASES)				339,422	1,052,262	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	ACQUISITIONS			DISPOSALS	ENDING	FULLY
	BALANCES	PURCHASE	DONATION	TOTAL	AND RETIREMENTS	BALANCE	DEPRECIATED
	1	2	3	4	5	6	ASSETS
							7
1 LAND	39,483					39,483	1
2 LAND IMPROVEMENTS	462,487					462,487	2
3 BUILDINGS AND FIXTURES	13,731,174	186,557		186,557		13,917,731	3
4 BUILDING IMPROVEMENTS	9,767,293	7,358		7,358		9,774,651	4
5 FIXED EQUIPMENT	2,604,855					2,604,855	5
6 MOVABLE EQUIPMENT	12,859,419	1,979,539		1,979,539		14,838,958	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	39,464,711	2,173,454		2,173,454		41,638,165	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	39,464,711	2,173,454		2,173,454		41,638,165	10

PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 AND 2

SUMMARY OF CAPITAL							
DESCRIPTION	DEPREC-	LEASE	INTEREST	INSURANCE	TAXES	OTHER	TOTAL (1)
	IATION			(SEE INSTR.)	(SEE INSTR.)	CAPITAL-RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 9-14)
	9	10	11	12	13	14	15
1 CAP REL COSTS-BLDG & FIXT	599,164						599,164 1
2 CAP REL COSTS-MVBLE EQUIP	1,076,256						1,076,256 2
3 TOTAL (SUM OF LINES 1-2)	1,675,420						1,675,420 3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS							
DESCRIPTION	GROSS	CAPITALIZED	GROSS ASSETS FOR RATIO (COL. 1 - COL. 2)	RATIO (SEE INSTR.)	INSURANCE	TAXES	OTHER
	ASSETS	LEASES					CAPITAL-RELATED COSTS
	1	2	3	4	5	6	TOTAL (SUM OF COLS. 5-7)
							8
1 CAP REL COSTS-BLDG & FIXT	24,194,352		24,194,352	0.581062			1
2 CAP REL COSTS-MVBLE EQUIP	17,443,813		17,443,813	0.418938			2
3 TOTAL (SUM OF LINES 1-2)	41,638,165		41,638,165	1.000000			3

SUMMARY OF CAPITAL							
DESCRIPTION	DEPREC-	LEASE	INTEREST	INSURANCE	TAXES	OTHER	TOTAL (2)
	IATION			(SEE INSTR.)	(SEE INSTR.)	CAPITAL-RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 9-14)
	9	10	11	12	13	14	15
1 CAP REL COSTS-BLDG & FIXT	599,164		293,729	51,104			943,997 1
2 CAP REL COSTS-MVBLE EQUIP	1,076,256		32,762	8,268			1,117,286 2
3 TOTAL	1,675,420		326,491	59,372			2,061,283 3

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ADJUSTMENTS TO EXPENSES

ADJUSTMENTS TO EXPENSES			EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WORKSHEET A-8
DESCRIPTION	BASIS	AMOUNT	COST CENTER	LINE NO.	WKST A-7 REF	
	1	2	3	4	5	
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)	B	-45,704	CAP REL COSTS-BLDG & FIXT	1	11 1	
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)	B	-5,043	CAP REL COSTS-MVBLE EQUIP	2	11 2	
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					3	
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					4	
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5	
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6	
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)					7	
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					8	
9 PARKING LOT (CHAPTER 21)					9	
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-559,960			10	
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11	
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1				12	
13 LAUNDRY AND LINEN SERVICE	B	-216,633	LAUNDRY & LINEN SERVICE	8	13	
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-198,299	CAFETERIA	11	14	
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15	
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS	B	-1,884	CENTRAL SERVICES & SUPPLY	14	16	
17 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-334	PHARMACY	15	17	
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-1,597	MEDICAL RECORDS & LIBRARY	16	18	
19 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					19	
20 VENDING MACHINES	B	-18,983	CAFETERIA	11	20	
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21	
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22	
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				23	
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				24	
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	25	
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	26	
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27	
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28	
29 PHYSICIANS' ASSISTANT					29	
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				30	
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				31	
32 CAH HIT ADJ FOR DEPRECIATION AND					32	
33 SPECIAL FUNCTIONS	A	-38,519	CAFETERIA	11	33	
34 PURCHASE DISCOUNTS	A	-2,556	ADMINISTRATIVE & GENERAL	5	34	
35 GUEST ROOM	B	-150	ADULTS & PEDIATRICS	30	35	
36 MISC INCOME	A	-39,914	ADMINISTRATIVE & GENERAL	5	36	
37 RETURNED CHECKS	A	-1,818	ADMINISTRATIVE & GENERAL	5	37	
38 PROVIDER TAX ASSESSMENT	A	-1,164,621	ADMINISTRATIVE & GENERAL	5	38	
39 PHYSICIAN RECRUITMENT	A	-226,043	ADMINISTRATIVE & GENERAL	5	39	
40 SWITCHBOARD SALARY	A	-11,413	ADMINISTRATIVE & GENERAL	5	40	
41 SWITCHBOARD OTHER	A	-9,301	ADMINISTRATIVE & GENERAL	5	41	
42 ADVERTISING	A	-7,409	ADMINISTRATIVE & GENERAL	5	42	
43 CRNA SALARIES	A	-768,704	ANESTHESIOLOGY	53	43	
44 CRNA BENEFITS	A	-245,985	EMPLOYEE BENEFITS	4	44	
45					45	
45.02 ADVERTISING	A	-191,446	ADMINISTRATIVE & GENERAL	5	45.02	
45.03 LOBBYING DUES	A	-16,594	ADMINISTRATIVE & GENERAL	5	45.03	
45.04 BAD DEBTS	A	-2,710,410	ADMINISTRATIVE & GENERAL	5	45.04	
45.05 CAP INT LAPSING	A	348	CAP REL COSTS-MVBLE EQUIP	2	11 45.05	
45.06 FUNDRAISING SALARIES	A	-63,802	ADMINISTRATIVE & GENERAL	5	45.06	
45.07 FUNDRAISING BENEFITS	A	-20,417	EMPLOYEE BENEFITS	4	45.07	
45.08 FUNDRAISING OTHER	A	-7,563	ADMINISTRATIVE & GENERAL	5	45.08	
46					46	
47					47	
48					48	
49					49	
50 TOTAL (SUM OF LINES 1 THRU 49)		-6,574,754			50	
TRANSFER TO WKST A, COL. 6, LINE 200)						

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STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

WORKSHEET A-8-1

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF
1	2	3	4	5	6	7
1						1
2						2
3						3
4						4
5		TOTALS (SUM OF LINES 1-4)				5
		TRANSFER COL. 6, LINE 5 TO				
		WKST A-8, COL. 2, LINE 12.				

B. INTERRELATIONSHIP OF RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(b)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THE INFORMATION IS USED BY THE HEALTH CARE FINANCING ADMINISTRATION AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----					
SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
6					6
7					7
8					8
9					9
10					10

- (1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:
- A. INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
 - B. CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
 - C. PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION.
 - D. DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN RELATED ORGANIZATION.
 - E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
 - F. DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
 - G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY:

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	LINE	COST CENTER/ PHYSICIAN IDENTIFIER		TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT	
1		2		3	4	5	6	7	8	9	
1	40	SUBPROVIDER - IPF	AGGREGATE	195,948	99,948	96,000	138,700	1,560	104,025	5,201	1
2	60	LABORATORY	AGGREGATE	104,290		104,290	208,000	2,808	280,800	14,040	2
3	91	EMERGENCY	AGGREGATE	460,012	460,012		159,800				3
4	30	ADULTS & PEDIATRICS	AGGREGATE								4
200		TOTAL		760,250	559,960	200,290		4,368	384,825	19,241	200

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A		COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
10		11		12	13	14	15	16	17	18	
1	40	SUBPROVIDER - IPF	AGGREGATE					104,025		99,948	1
2	60	LABORATORY	AGGREGATE					280,800			2
3	91	EMERGENCY	AGGREGATE							460,012	3
4	30	ADULTS & PEDIATRICS	AGGREGATE								4
200		TOTAL						384,825		559,960	200

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	NEW CAP RE L COSTS-BL DG & FIXT 1	NEW CAP RE L COSTS-MV BLE EQUIP 2	EMPLOYEE B ENEFITS 4	SUBTOTAL (COLS.0-4) 4A	
GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	943,997	943,997				1
2	CAP REL COSTS-MVBLE EQUIP	1,117,286		1,117,286			2
4	EMPLOYEE BENEFITS	5,679,074	3,340	854	5,683,268		4
5	ADMINISTRATIVE & GENERAL	3,186,478	101,308	151,013	533,943	3,972,742	5
6	MAINTENANCE & REPAIRS	839,681	13,822	24,778	162,687	1,040,968	6
7	OPERATION OF PLANT	542,334	48,074			590,408	7
8	LAUNDRY & LINEN SERVICE	84,602	19,825	13,831	74,375	192,633	8
9	HOUSEKEEPING	475,780	2,254	5,797	122,868	606,699	9
10	DIETARY	461,536	41,590	2,492	65,561	571,179	10
11	CAFETERIA	549,621	11,799	4,431	114,409	680,260	11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	1,120,209	41,252	49,977	349,341	1,560,779	13
14	CENTRAL SERVICES & SUPPLY	332,071	29,221	22,696	25,062	409,050	14
15	PHARMACY	1,924,966	15,803	19,399	160,987	2,121,155	15
16	MEDICAL RECORDS & LIBRARY	613,261	12,279	18,153	162,628	806,321	16
17	SOCIAL SERVICE						17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SRVCES-SALARY & FRINGES APPRVD						21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	2,134,912	181,303	90,120	664,638	3,070,973	30
31	INTENSIVE CARE UNIT	752,936	38,452	31,569	229,762	1,052,719	31
40	SUBPROVIDER - IPF	898,542	45,262	3,214	260,623	1,207,641	40
43	NURSERY	194,943	5,434	4,948	61,720	267,045	43
44	SKILLED NURSING FACILITY	1,085,518	55,388	11,349	321,709	1,473,964	44
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	958,444	64,078	89,237	223,174	1,334,933	50
53	ANESTHESIOLOGY	23,447	380	28,047		51,874	53
54	RADIOLOGY-DIAGNOSTIC	705,830	43,464	191,040	178,186	1,118,520	54
56	RADIOISOTOPE	191,464	4,123	1,154	909	197,650	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	288,181	4,111	230,466	51,256	574,014	57
58	MAGNETIC RESONANCE IMAGING (MRI)	196,695				196,695	58
60	LABORATORY	1,893,639	43,292	21,873	254,356	2,213,160	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	INTRAVENOUS THERAPY	29,617				29,617	64
65	RESPIRATORY THERAPY	367,277	4,983	1,087	120,237	493,584	65
66	PHYSICAL THERAPY	1,096,886	31,636	16,674	357,205	1,502,401	66
68	SPEECH PATHOLOGY	106,954	1,228	211	34,387	142,780	68
69	ELECTROCARDIOLOGY	197,952	2,136	6,289		206,377	69
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	958,524				958,524	71
72	IMPL. DEV. CHARGED TO PATIENT	150,000				150,000	72
73	DRUGS CHARGED TO PATIENTS						73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	648,227	20,240	25,894	197,850	892,211	91
92	OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES	563,970	29,364	39,469	149,609	782,412	95
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	HOME HEALTH AGENCY	748,660	7,907	926	210,673	968,166	101
SPECIAL PURPOSE COST CENTERS							
113	INTEREST EXPENSE						113
116	HOSPICE	349,932	7,907	2,354	68,021	428,214	116
118	SUBTOTALS (SUM OF LINES 1-117)	32,413,446	931,255	1,109,342	5,156,176	31,865,668	118
NONREIMBURSABLE COST CENTERS							
192	PHYSICIANS' PRIVATE OFFICES	1,701,608	11,864	7,944	520,123	2,241,539	192
194	OTHER NONREIMBURSABLE						194
194.01	MEMORY DISORDER	23,579	878		6,969	31,426	194.01
194.02	ASSISTED LIVING						194.02
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	34,138,633	943,997	1,117,286	5,683,268	34,138,633	202

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5	6	7	8	9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	3,972,742					5
6 MAINTENANCE & REPAIRS	137,091	1,178,059				6
7 OPERATION OF PLANT	77,754	68,603	736,765			7
8 LAUNDRY & LINEN SERVICE	25,369	28,291	18,787	265,080		8
9 HOUSEKEEPING	79,900	3,217	2,136	24,532	716,484	9
10 DIETARY	75,222	59,350	39,413	2,420		10
11 CAFETERIA	89,588	16,838	11,181	4,302		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	205,548	58,868	39,093		6,560	13
14 CENTRAL SERVICES & SUPPLY	53,870	41,700	27,692	3,693	14,422	14
15 PHARMACY	279,348	22,552	14,976		1,562	15
16 MEDICAL RECORDS & LIBRARY	106,189	17,523	11,637		833	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	404,449	258,726	171,814	76,608	201,281	30
31 INTENSIVE CARE UNIT	138,639	54,872	36,439	15,451	51,439	31
40 SUBPROVIDER - IPF	159,041	64,590	42,893	9,008	63,310	40
43 NURSERY	35,169	7,754	5,149	3,776	13,328	43
44 SKILLED NURSING FACILITY	194,115	79,041	52,489	74,729	111,521	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	175,805	91,442	60,725	24,644	71,900	50
53 ANESTHESIOLOGY	6,832	542	360		4,425	53
54 RADIOLOGY-DIAGNOSTIC	147,305	62,025	41,190	3,597	36,549	54
56 RADIOISOTOPE	26,030	5,883	3,907	293	4,373	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	75,595	5,866	3,896	46	3,644	57
58 MAGNETIC RESONANCE IMAGING (MRI)	25,904					58
60 LABORATORY	291,464	61,780	41,027	196	19,993	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64 INTRAVENOUS THERAPY	3,900					64
65 RESPIRATORY THERAPY	65,003	7,111	4,722		833	65
66 PHYSICAL THERAPY	197,860	45,146	29,980	3,330	21,659	66
68 SPEECH PATHOLOGY	18,804	1,752	1,164			68
69 ELECTROCARDIOLOGY	27,179	3,048	2,024		2,999	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	126,234					71
72 IMPL. DEV. CHARGED TO PATIENT	19,754					72
73 DRUGS CHARGED TO PATIENTS						73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	117,501	28,884	19,181	15,727	50,606	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	103,041	41,903	27,827	2,566	1,302	95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	127,504	11,284	7,494		9,163	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	56,394	11,284	7,494		9,163	116
118 SUBTOTALS (SUM OF LINES 1-117)	3,673,401	1,159,875	724,690	264,918	700,865	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES	295,202	16,931	11,243	162	15,619	192
194 OTHER NONREIMBURSABLE						194
194.01 MEMORY DISORDER	4,139	1,253	832			194.01
194.02 ASSISTED LIVING						194.02
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	3,972,742	1,178,059	736,765	265,080	716,484	202

PROVIDER CCN: 14-0147 RICHLAND MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2010 TO 09/30/2011

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		DIETARY	CAFETERIA	NURSING AD MINISTRATI ON	CENTRAL SE RVICES & S UPPLY	PHARMACY	
		10	11	13	14	15	
GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS						4
5	ADMINISTRATIVE & GENERAL						5
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY	747,584					10
11	CAFETERIA		802,169				11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION		125,490	1,996,338			13
14	CENTRAL SERVICES & SUPPLY		10,995		561,422		14
15	PHARMACY		17,688			2,457,281	15
16	MEDICAL RECORDS & LIBRARY		81,508				16
17	SOCIAL SERVICE						17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SRVCES-SALARY & FRINGES APPRVD						21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	223,193	69,795	619,731		5,096	30
31	INTENSIVE CARE UNIT	55,798	17,688	176,420		613	31
40	SUBPROVIDER - IPF	110,603	50,195	244,544		59	40
43	NURSERY		1,195	48,513			43
44	SKILLED NURSING FACILITY	357,990	36,093	362,479		172	44
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM		75,771	169,510		3,128	50
53	ANESTHESIOLOGY		4,063	52,413		37,912	53
54	RADIOLOGY-DIAGNOSTIC		38,005			102	54
56	RADIOISOTOPE		717			105	56
57	COMPUTED TOMOGRAPHY (CT) SCAN		4,781			36	57
58	MAGNETIC RESONANCE IMAGING (MRI)						58
60	LABORATORY		37,049			2,883	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	INTRAVENOUS THERAPY					56,760	64
65	RESPIRATORY THERAPY		28,922			89,143	65
66	PHYSICAL THERAPY		68,839			171	66
68	SPEECH PATHOLOGY						68
69	ELECTROCARDIOLOGY						69
71	MEDICAL SUPPLIES CHRGD TO PATIENTS				488,437		71
72	IMPL. DEV. CHARGED TO PATIENT				72,985		72
73	DRUGS CHARGED TO PATIENTS					2,203,217	73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY		20,317	153,987		1,493	91
92	OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES		32,268	168,741		4,006	95
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	HOME HEALTH AGENCY		22,946			316	101
SPECIAL PURPOSE COST CENTERS							
113	INTEREST EXPENSE						113
116	HOSPICE		8,605			215	116
118	SUBTOTALS (SUM OF LINES 1-117)	747,584	752,930	1,996,338	561,422	2,405,427	118
NONREIMBURSABLE COST CENTERS							
192	PHYSICIANS' PRIVATE OFFICES		49,239			51,854	192
194	OTHER NONREIMBURSABLE						194
194.01	MEMORY DISORDER						194.01
194.02	ASSISTED LIVING						194.02
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	747,584	802,169	1,996,338	561,422	2,457,281	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		MEDICAL RE CORDS & LI BRARY 16	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT					1
2	CAP REL COSTS-MVBLE EQUIP					2
4	EMPLOYEE BENEFITS					4
5	ADMINISTRATIVE & GENERAL					5
6	MAINTENANCE & REPAIRS					6
7	OPERATION OF PLANT					7
8	LAUNDRY & LINEN SERVICE					8
9	HOUSEKEEPING					9
10	DIETARY					10
11	CAFETERIA					11
12	MAINTENANCE OF PERSONNEL					12
13	NURSING ADMINISTRATION					13
14	CENTRAL SERVICES & SUPPLY					14
15	PHARMACY					15
16	MEDICAL RECORDS & LIBRARY	1,024,011				16
17	SOCIAL SERVICE					17
19	NONPHYSICIAN ANESTHETISTS					19
20	NURSING SCHOOL					20
21	I&R SRVCES-SALARY & FRINGES APPRVD					21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23	PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	507,451	5,609,117		5,609,117	30
31	INTENSIVE CARE UNIT	77,914	1,677,992		1,677,992	31
40	SUBPROVIDER - IPF	34,404	1,986,288		1,986,288	40
43	NURSERY	18,467	400,396		400,396	43
44	SKILLED NURSING FACILITY	29,850	2,772,443		2,772,443	44
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	68,048	2,075,906		2,075,906	50
53	ANESTHESIOLOGY		158,421		158,421	53
54	RADIOLOGY-DIAGNOSTIC	5,586	1,452,879		1,452,879	54
56	RADIOISOTOPE		238,958		238,958	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	5,231	673,109		673,109	57
58	MAGNETIC RESONANCE IMAGING (MRI)	1,073	223,672		223,672	58
60	LABORATORY	28,079	2,695,631		2,695,631	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
64	INTRAVENOUS THERAPY		90,277		90,277	64
65	RESPIRATORY THERAPY		689,318		689,318	65
66	PHYSICAL THERAPY	1,771	1,871,157		1,871,157	66
68	SPEECH PATHOLOGY		164,500		164,500	68
69	ELECTROCARDIOLOGY	6,071	247,698		247,698	69
71	MEDICAL SUPPLIES CHRGD TO PATIENTS		1,573,195		1,573,195	71
72	IMPL. DEV. CHARGED TO PATIENT		242,739		242,739	72
73	DRUGS CHARGED TO PATIENTS		2,203,217		2,203,217	73
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
91	EMERGENCY	99,163	1,399,070		1,399,070	91
92	OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES		1,164,066		1,164,066	95
99.10	CORF					99.10
99.20	OUTPATIENT PHYSICAL THERAPY					99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40	OUTPATIENT SPEECH PATHOLOGY					99.40
101	HOME HEALTH AGENCY		1,146,873		1,146,873	101
SPECIAL PURPOSE COST CENTERS						
113	INTEREST EXPENSE					113
116	HOSPICE		521,369		521,369	116
118	SUBTOTALS (SUM OF LINES 1-117)	883,108	31,278,291		31,278,291	118
NONREIMBURSABLE COST CENTERS						
192	PHYSICIANS' PRIVATE OFFICES	140,903	2,822,692		2,822,692	192
194	OTHER NONREIMBURSABLE					194
194.01	MEMORY DISORDER		37,650		37,650	194.01
194.02	ASSISTED LIVING					194.02
200	CROSS FOOT ADJUSTMENTS					200
201	NEGATIVE COST CENTER					201
202	TOTAL (SUM OF LINES 118-201)	1,024,011	34,138,633		34,138,633	202

PROVIDER CCN: 14-0147 RICHLAND MEMORIAL HOSPITAL
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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 03/12/2012 10:04

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION		DIR ASSGND CAP-REL COSTS 0	NEW CAP RE L COSTS-BL DG & FIXT 1	NEW CAP RE L COSTS-MV BLE EQUIP 2	SUBTOTAL 2A	EMPLOYEE B ENEFITS 4	
GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS		3,340	854	4,194	4,194	4
5	ADMINISTRATIVE & GENERAL	5,966	101,308	151,013	258,287	394	5
6	MAINTENANCE & REPAIRS		13,822	24,778	38,600	120	6
7	OPERATION OF PLANT		48,074		48,074		7
8	LAUNDRY & LINEN SERVICE		19,825	13,831	33,656	55	8
9	HOUSEKEEPING		2,254	5,797	8,051	91	9
10	DIETARY		41,590	2,492	44,082	48	10
11	CAFETERIA		11,799	4,431	16,230	85	11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION		41,252	49,977	91,229	258	13
14	CENTRAL SERVICES & SUPPLY		29,221	22,696	51,917	19	14
15	PHARMACY		15,803	19,399	35,202	119	15
16	MEDICAL RECORDS & LIBRARY		12,279	18,153	30,432	120	16
17	SOCIAL SERVICE						17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SRVCES-SALARY & FRINGES APPRVD						21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	10,720	181,303	90,120	282,143	484	30
31	INTENSIVE CARE UNIT	2,102	38,452	31,569	72,123	170	31
40	SUBPROVIDER - IPF		45,262	3,214	48,476	193	40
43	NURSERY		5,434	4,948	10,382	46	43
44	SKILLED NURSING FACILITY	10,974	55,388	11,349	77,711	238	44
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	63,598	64,078	89,237	216,913	165	50
53	ANESTHESIOLOGY		380	28,047	28,427		53
54	RADIOLOGY-DIAGNOSTIC	4,278	43,464	191,040	238,782	132	54
56	RADIOISOTOPE		4,123	1,154	5,277	1	56
57	COMPUTED TOMOGRAPHY (CT) SCAN		4,111	230,466	234,577	38	57
58	MAGNETIC RESONANCE IMAGING (MRI)						58
60	LABORATORY	28,880	43,292	21,873	94,045	188	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	INTRAVENOUS THERAPY						64
65	RESPIRATORY THERAPY	6,020	4,983	1,087	12,090	89	65
66	PHYSICAL THERAPY		31,636	16,674	48,310	264	66
68	SPEECH PATHOLOGY		1,228	211	1,439	25	68
69	ELECTROCARDIOLOGY		2,136	6,289	8,425		69
71	MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72	IMPL. DEV. CHARGED TO PATIENT						72
73	DRUGS CHARGED TO PATIENTS						73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY		20,240	25,894	46,134	146	91
92	OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES		29,364	39,469	68,833	111	95
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	HOME HEALTH AGENCY		7,907	926	8,833	156	101
SPECIAL PURPOSE COST CENTERS							
113	INTEREST EXPENSE						113
116	HOSPICE	57,019	7,907	2,354	67,280	50	116
118	SUBTOTALS (SUM OF LINES 1-117)	189,557	931,255	1,109,342	2,230,154	3,805	118
NONREIMBURSABLE COST CENTERS							
192	PHYSICIANS' PRIVATE OFFICES	4,000	11,864	7,944	23,808	384	192
194	OTHER NONREIMBURSABLE						194
194.01	MEMORY DISORDER		878		878	5	194.01
194.02	ASSISTED LIVING						194.02
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	193,557	943,997	1,117,286	2,254,840	4,194	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5	6	7	8	9	
GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS						4
5	ADMINISTRATIVE & GENERAL	258,681					5
6	MAINTENANCE & REPAIRS	8,926	47,646				6
7	OPERATION OF PLANT	5,063	2,775	55,912			7
8	LAUNDRY & LINEN SERVICE	1,652	1,144	1,426	37,933		8
9	HOUSEKEEPING	5,202	130	162	3,511	17,147	9
10	DIETARY	4,898	2,400	2,991	346		10
11	CAFETERIA	5,833	681	849	616		11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	13,384	2,381	2,967		157	13
14	CENTRAL SERVICES & SUPPLY	3,508	1,687	2,102	529	345	14
15	PHARMACY	18,189	912	1,137		37	15
16	MEDICAL RECORDS & LIBRARY	6,914	709	883		20	16
17	SOCIAL SERVICE						17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SRVCES-SALARY & FRINGES APPRVD						21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM- (SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	26,343	10,463	13,038	10,961	4,818	30
31	INTENSIVE CARE UNIT	9,027	2,219	2,765	2,211	1,231	31
40	SUBPROVIDER - IPF	10,356	2,612	3,255	1,289	1,515	40
43	NURSERY	2,290	314	391	540	319	43
44	SKILLED NURSING FACILITY	12,639	3,197	3,983	10,694	2,669	44
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	11,447	3,698	4,608	3,527	1,721	50
53	ANESTHESIOLOGY	445	22	27		106	53
54	RADIOLOGY-DIAGNOSTIC	9,591	2,509	3,126	515	875	54
56	RADIOISOTOPE	1,695	238	296	42	105	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	4,922	237	296	7	87	57
58	MAGNETIC RESONANCE IMAGING (MRI)	1,687					58
60	LABORATORY	18,978	2,499	3,113	28	478	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	INTRAVENOUS THERAPY	254					64
65	RESPIRATORY THERAPY	4,232	288	358		20	65
66	PHYSICAL THERAPY	12,883	1,826	2,275	477	518	66
68	SPEECH PATHOLOGY	1,224	71	88			68
69	ELECTROCARDIOLOGY	1,770	123	154		72	69
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	8,219					71
72	IMPL. DEV. CHARGED TO PATIENT	1,286					72
73	DRUGS CHARGED TO PATIENTS						73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	7,651	1,168	1,456	2,250	1,211	91
92	OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES	6,709	1,695	2,112	367	31	95
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	HOME HEALTH AGENCY	8,302	456	569		219	101
SPECIAL PURPOSE COST CENTERS							
113	INTEREST EXPENSE						113
116	HOSPICE	3,672	456	569		219	116
118	SUBTOTALS (SUM OF LINES 1-117)	239,191	46,910	54,996	37,910	16,773	118
NONREIMBURSABLE COST CENTERS							
192	PHYSICIANS' PRIVATE OFFICES	19,221	685	853	23	374	192
194	OTHER NONREIMBURSABLE						194
194.01	MEMORY DISORDER	269	51	63			194.01
194.02	ASSISTED LIVING						194.02
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	258,681	47,646	55,912	37,933	17,147	202

PROVIDER CCN: 14-0147 RICHLAND MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2010 TO 09/30/2011

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 03/12/2012 10:04

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION		DIETARY	CAFETERIA	NURSING AD MINISTRATI ON	CENTRAL SE RVICES & S UPPLY	PHARMACY	
		10	11	13	14	15	
GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS						4
5	ADMINISTRATIVE & GENERAL						5
6	MAINTENANCE & REPAIRS						6
7	OPERATION OF PLANT						7
8	LAUNDRY & LINEN SERVICE						8
9	HOUSEKEEPING						9
10	DIETARY	54,765					10
11	CAFETERIA		24,294				11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION		3,800	114,176			13
14	CENTRAL SERVICES & SUPPLY		333		60,440		14
15	PHARMACY		536			56,132	15
16	MEDICAL RECORDS & LIBRARY		2,468				16
17	SOCIAL SERVICE						17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SRVCES-SALARY & FRINGES APPRVD						21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	16,350	2,114	35,442		116	30
31	INTENSIVE CARE UNIT	4,088	536	10,090		14	31
40	SUBPROVIDER - IPF	8,102	1,520	13,986		1	40
43	NURSERY		36	2,775			43
44	SKILLED NURSING FACILITY	26,225	1,093	20,732		4	44
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM		2,295	9,695		71	50
53	ANESTHESIOLOGY		123	2,998		866	53
54	RADIOLOGY-DIAGNOSTIC		1,151			2	54
56	RADIOISOTOPE		22			2	56
57	COMPUTED TOMOGRAPHY (CT) SCAN		145			1	57
58	MAGNETIC RESONANCE IMAGING (MRI)						58
60	LABORATORY		1,122			66	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	INTRAVENOUS THERAPY					1,297	64
65	RESPIRATORY THERAPY		876			2,037	65
66	PHYSICAL THERAPY		2,085			4	66
68	SPEECH PATHOLOGY						68
69	ELECTROCARDIOLOGY						69
71	MEDICAL SUPPLIES CHRGD TO PATIENTS				52,583		71
72	IMPL. DEV. CHARGED TO PATIENT				7,857		72
73	DRUGS CHARGED TO PATIENTS					50,328	73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY		615	8,807		34	91
92	OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES		977	9,651		92	95
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	HOME HEALTH AGENCY		695			7	101
SPECIAL PURPOSE COST CENTERS							
113	INTEREST EXPENSE						113
116	HOSPICE		261			5	116
118	SUBTOTALS (SUM OF LINES 1-117)	54,765	22,803	114,176	60,440	54,947	118
NONREIMBURSABLE COST CENTERS							
192	PHYSICIANS' PRIVATE OFFICES		1,491			1,185	192
194	OTHER NONREIMBURSABLE						194
194.01	MEMORY DISORDER						194.01
194.02	ASSISTED LIVING						194.02
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	54,765	24,294	114,176	60,440	56,132	202

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION		MEDICAL RE CORDS & LI BRARY 16	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT					1
2	CAP REL COSTS-MVBLE EQUIP					2
4	EMPLOYEE BENEFITS					4
5	ADMINISTRATIVE & GENERAL					5
6	MAINTENANCE & REPAIRS					6
7	OPERATION OF PLANT					7
8	LAUNDRY & LINEN SERVICE					8
9	HOUSEKEEPING					9
10	DIETARY					10
11	CAFETERIA					11
12	MAINTENANCE OF PERSONNEL					12
13	NURSING ADMINISTRATION					13
14	CENTRAL SERVICES & SUPPLY					14
15	PHARMACY					15
16	MEDICAL RECORDS & LIBRARY	41,546				16
17	SOCIAL SERVICE					17
19	NONPHYSICIAN ANESTHETISTS					19
20	NURSING SCHOOL					20
21	I&R SRVCES-SALARY & FRINGES APPRVD					21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23	PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	20,588	422,860		422,860	30
31	INTENSIVE CARE UNIT	3,161	107,635		107,635	31
40	SUBPROVIDER - IPF	1,396	92,701		92,701	40
43	NURSERY	749	17,842		17,842	43
44	SKILLED NURSING FACILITY	1,211	160,396		160,396	44
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	2,761	256,901		256,901	50
53	ANESTHESIOLOGY		33,014		33,014	53
54	RADIOLOGY-DIAGNOSTIC	227	256,910		256,910	54
56	RADIOISOTOPE		7,678		7,678	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	212	240,522		240,522	57
58	MAGNETIC RESONANCE IMAGING (MRI)	44	1,731		1,731	58
60	LABORATORY	1,139	121,656		121,656	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
64	INTRAVENOUS THERAPY		1,551		1,551	64
65	RESPIRATORY THERAPY		19,990		19,990	65
66	PHYSICAL THERAPY	72	68,714		68,714	66
68	SPEECH PATHOLOGY		2,847		2,847	68
69	ELECTROCARDIOLOGY	246	10,790		10,790	69
71	MEDICAL SUPPLIES CHRGD TO PATIENTS		60,802		60,802	71
72	IMPL. DEV. CHARGED TO PATIENT		9,143		9,143	72
73	DRUGS CHARGED TO PATIENTS		50,328		50,328	73
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
91	EMERGENCY	4,023	73,495		73,495	91
92	OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES		90,578		90,578	95
99.10	CORF					99.10
99.20	OUTPATIENT PHYSICAL THERAPY					99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40	OUTPATIENT SPEECH PATHOLOGY					99.40
101	HOME HEALTH AGENCY		19,237		19,237	101
SPECIAL PURPOSE COST CENTERS						
113	INTEREST EXPENSE					113
116	HOSPICE		72,512		72,512	116
118	SUBTOTALS (SUM OF LINES 1-117)	35,829	2,199,833		2,199,833	118
NONREIMBURSABLE COST CENTERS						
192	PHYSICIANS' PRIVATE OFFICES	5,717	53,741		53,741	192
194	OTHER NONREIMBURSABLE					194
194.01	MEMORY DISORDER		1,266		1,266	194.01
194.02	ASSISTED LIVING					194.02
200	CROSS FOOT ADJUSTMENTS					200
201	NEGATIVE COST CENTER					201
202	TOTAL (SUM OF LINES 118-201)	41,546	2,254,840		2,254,840	202

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		NEW CAP RE L COSTS-BL DG & FIXT SQUARE FEET	NEW CAP RE L COSTS-MV BLE EQUIP DOLLAR VALUE -NEW	EMPLOYEE B ENEFITS GROSS SALARIES	RECON- CILIATION	ADMINISTRA TIVE & GEN ERAL ACCUM COST	
		1	2	4	5A	5	
GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT	159,134					1
2	CAP REL COSTS-MVBLE EQUIP		1,077,954				2
4	EMPLOYEE BENEFITS	563	824	16,860,751			4
5	ADMINISTRATIVE & GENERAL	17,078	145,697	1,584,067	-3,972,742	30,165,891	5
6	MAINTENANCE & REPAIRS	2,330	23,906	482,650		1,040,968	6
7	OPERATION OF PLANT	8,104				590,408	7
8	LAUNDRY & LINEN SERVICE	3,342	13,344	220,651		192,633	8
9	HOUSEKEEPING	380	5,593	364,518		606,699	9
10	DIETARY	7,011	2,404	194,501		571,179	10
11	CAFETERIA	1,989	4,275	339,422		680,260	11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	6,954	48,218	1,036,403		1,560,779	13
14	CENTRAL SERVICES & SUPPLY	4,926	21,897	74,351		409,050	14
15	PHARMACY	2,664	18,716	477,605		2,121,155	15
16	MEDICAL RECORDS & LIBRARY	2,070	17,514	482,475		806,321	16
17	SOCIAL SERVICE						17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SRVCES-SALARY & FRINGES APPRVD						21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	30,563	86,947	1,971,811		3,070,973	30
31	INTENSIVE CARE UNIT	6,482	30,458	681,643		1,052,719	31
40	SUBPROVIDER - IPF	7,630	3,101	773,198		1,207,641	40
43	NURSERY	916	4,774	183,106		267,045	43
44	SKILLED NURSING FACILITY	9,337	10,949	954,425		1,473,964	44
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	10,802	86,096	662,099		1,334,933	50
53	ANESTHESIOLOGY	64	27,060			51,874	53
54	RADIOLOGY-DIAGNOSTIC	7,327	184,315	528,630		1,118,520	54
56	RADIOISOTOPE	695	1,113	2,698		197,650	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	693	222,352	152,064		574,014	57
58	MAGNETIC RESONANCE IMAGING (MRI)					196,695	58
60	LABORATORY	7,298	21,103	754,606		2,213,160	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	INTRAVENOUS THERAPY					29,617	64
65	RESPIRATORY THERAPY	840	1,049	356,710		493,584	65
66	PHYSICAL THERAPY	5,333	16,087	1,059,731		1,502,401	66
68	SPEECH PATHOLOGY	207	204	102,017		142,780	68
69	ELECTROCARDIOLOGY	360	6,068			206,377	69
71	MEDICAL SUPPLIES CHRGD TO PATIENTS					958,524	71
72	IMPL. DEV. CHARGED TO PATIENT					150,000	72
73	DRUGS CHARGED TO PATIENTS						73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	3,412	24,982	586,968		892,211	91
92	OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES	4,950	38,080	443,851		782,412	95
99.10	CORP						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	HOME HEALTH AGENCY	1,333	893	625,010		968,166	101
SPECIAL PURPOSE COST CENTERS							
116	HOSPICE	1,333	2,271	201,800		428,214	116
118	SUBTOTALS (SUM OF LINES 1-117)	156,986	1,070,290	15,297,010	-3,972,742	27,892,926	118
NONREIMBURSABLE COST CENTERS							
192	PHYSICIANS' PRIVATE OFFICES	2,000	7,664	1,543,067		2,241,539	192
194	OTHER NONREIMBURSABLE						194
194.01	MEMORY DISORDER	148		20,674		31,426	194.01
194.02	ASSISTED LIVING						194.02

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		NEW CAP RE L COSTS-BL DG & FIXT SQUARE FEET 1	NEW CAP RE L COSTS-MV BLE EQUIP DOLLAR VALUE -NEW 2	EMPLOYEE B ENEFITS GROSS SALARIES 4	RECON- CILIATION 5A	ADMINISTRA TIVE & GEN ERAL ACCUM COST 5	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	943,997	1,117,286	5,683,268		3,972,742	202
203	UNIT COST MULT-WS B PT I	5.932089	1.036488	0.337071		0.131696	203
204	COST TO BE ALLOC PER B PT II			4,194		258,681	204
205	UNIT COST MULT-WS B PT II			0.000249		0.008575	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		MAINTENANC E & REPAIR S SQUARE FEET 6	OPERATION OF PLANT SQUARE FEET 7	LAUNDRY & LINEN SERV ICE LAUNDRY POUNDS 8	HOUSEKEEPI NG HOURS OF SERVICE 9	DIETARY MEALS SERV 10	
GENERAL SERVICE COST CENTERS							
1	CAP REL COSTS-BLDG & FIXT						1
2	CAP REL COSTS-MVBLE EQUIP						2
4	EMPLOYEE BENEFITS						4
5	ADMINISTRATIVE & GENERAL						5
6	MAINTENANCE & REPAIRS	139,163					6
7	OPERATION OF PLANT	8,104	131,059				7
8	LAUNDRY & LINEN SERVICE	3,342		590,806			8
9	HOUSEKEEPING	380	380	54,676	688,080		9
10	DIETARY	7,011	7,011	5,393		89,512	10
11	CAFETERIA	1,989	1,989	9,588			11
12	MAINTENANCE OF PERSONNEL						12
13	NURSING ADMINISTRATION	6,954	6,954		6,300		13
14	CENTRAL SERVICES & SUPPLY	4,926	4,926	8,232	13,850		14
15	PHARMACY	2,664	2,664		1,500		15
16	MEDICAL RECORDS & LIBRARY	2,070	2,070		800		16
17	SOCIAL SERVICE						17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SRVCES-SALARY & FRINGES APPRVD						21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23	PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS							
30	ADULTS & PEDIATRICS	30,563	30,563	170,741	193,300	26,724	30
31	INTENSIVE CARE UNIT	6,482	6,482	34,436	49,400	6,681	31
40	SUBPROVIDER - IPF	7,630	7,630	20,077	60,800	13,243	40
43	NURSERY	916	916	8,417	12,800		43
44	SKILLED NURSING FACILITY	9,337	9,337	166,555	107,100	42,864	44
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	10,802	10,802	54,927	69,050		50
53	ANESTHESIOLOGY	64	64		4,250		53
54	RADIOLOGY-DIAGNOSTIC	7,327	7,327	8,017	35,100		54
56	RADIOISOTOPE	695	695	653	4,200		56
57	COMPUTED TOMOGRAPHY (CT) SCAN	693	693	103	3,500		57
58	MAGNETIC RESONANCE IMAGING (MRI)						58
60	LABORATORY	7,298	7,298	437	19,200		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	INTRAVENOUS THERAPY						64
65	RESPIRATORY THERAPY	840	840		800		65
66	PHYSICAL THERAPY	5,333	5,333	7,422	20,800		66
68	SPEECH PATHOLOGY	207	207				68
69	ELECTROCARDIOLOGY	360	360		2,880		69
71	MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72	IMPL. DEV. CHARGED TO PATIENT						72
73	DRUGS CHARGED TO PATIENTS						73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	3,412	3,412	35,051	48,600		91
92	OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES	4,950	4,950	5,719	1,250		95
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
101	HOME HEALTH AGENCY	1,333	1,333		8,800		101
SPECIAL PURPOSE COST CENTERS							
116	HOSPICE	1,333	1,333		8,800		116
118	SUBTOTALS (SUM OF LINES 1-117)	137,015	128,911	590,444	673,080	89,512	118
NONREIMBURSABLE COST CENTERS							
192	PHYSICIANS' PRIVATE OFFICES	2,000	2,000	362	15,000		192
194	OTHER NONREIMBURSABLE						194
194.01	MEMORY DISORDER	148	148				194.01
194.02	ASSISTED LIVING						194.02

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		MAINTENANC E & REPAIR S SQUARE FEET 6	OPERATION OF PLANT SQUARE FEET 7	LAUNDRY & LINEN SERV ICE LAUNDRY POUNDS 8	HOUSEKEEPI NG HOURS OF SERVICE 9	DIETARY DIETARY MEALS SERV 10	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	1,178,059	736,765	265,080	716,484	747,584	202
203	UNIT COST MULT-WS B PT I	8.465318	5.621628	0.448675	1.041280	8.351774	203
204	COST TO BE ALLOC PER B PT II	47,646	55,912	37,933	17,147	54,765	204
205	UNIT COST MULT-WS B PT II	0.342375	0.426617	0.064206	0.024920	0.611817	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		CAFETERIA	NURSING AD MINISTRATI ON	CENTRAL SE RVICES & S UPPLY	PHARMACY	MEDICAL RE CORDS & LI BRARY
		CAFE MEALS SERV 11	DIRECT NURSING HO 13	CS COSTED REQUIS 14	PHARM COSTED REQ 15	TIME SPENT 16
GENERAL SERVICE COST CENTERS						
1	CAP REL COSTS-BLDG & FIXT					1
2	CAP REL COSTS-MVBLE EQUIP					2
4	EMPLOYEE BENEFITS					4
5	ADMINISTRATIVE & GENERAL					5
6	MAINTENANCE & REPAIRS					6
7	OPERATION OF PLANT					7
8	LAUNDRY & LINEN SERVICE					8
9	HOUSEKEEPING					9
10	DIETARY					10
11	CAFETERIA	3,356				11
12	MAINTENANCE OF PERSONNEL					12
13	NURSING ADMINISTRATION	525	31,689,700			13
14	CENTRAL SERVICES & SUPPLY	46		100		14
15	PHARMACY	74			128,212,400	15
16	MEDICAL RECORDS & LIBRARY	341				101,200
17	SOCIAL SERVICE					17
19	NONPHYSICIAN ANESTHETISTS					19
20	NURSING SCHOOL					20
21	I&R SRVCES-SALARY & FRINGES APPRVD					21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23	PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS						
30	ADULTS & PEDIATRICS	292	9,837,400		265,900	50,150
31	INTENSIVE CARE UNIT	74	2,800,500		32,000	7,700
40	SUBPROVIDER - IPF	210	3,881,900		3,100	3,400
43	NURSERY	5	770,100			1,825
44	SKILLED NURSING FACILITY	151	5,754,000		9,000	2,950
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	317	2,690,800		163,200	6,725
53	ANESTHESIOLOGY	17	832,000		1,978,100	
54	RADIOLOGY-DIAGNOSTIC	159			5,300	552
56	RADIOISOTOPE	3			5,500	
57	COMPUTED TOMOGRAPHY (CT) SCAN	20			1,900	517
58	MAGNETIC RESONANCE IMAGING (MRI)					106
60	LABORATORY	155			150,400	2,775
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					
64	INTRAVENOUS THERAPY				2,961,500	
65	RESPIRATORY THERAPY	121			4,651,100	
66	PHYSICAL THERAPY	288			8,900	175
68	SPEECH PATHOLOGY					
69	ELECTROCARDIOLOGY					600
71	MEDICAL SUPPLIES CHRGD TO PATIENTS			87		
72	IMPL. DEV. CHARGED TO PATIENT			13		
73	DRUGS CHARGED TO PATIENTS				114,956,400	
76.97	CARDIAC REHABILITATION					
76.98	HYPERBARIC OXYGEN THERAPY					
76.99	LITHOTRIPSY					
OUTPATIENT SERVICE COST CENTERS						
91	EMERGENCY	85	2,444,400		77,900	9,800
92	OBSERVATION BEDS					
OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES	135	2,678,600		209,000	
99.10	CORF					
99.20	OUTPATIENT PHYSICAL THERAPY					
99.30	OUTPATIENT OCCUPATIONAL THERAPY					
99.40	OUTPATIENT SPEECH PATHOLOGY					
101	HOME HEALTH AGENCY	96			16,500	
SPECIAL PURPOSE COST CENTERS						
116	HOSPICE	36			11,200	
118	SUBTOTALS (SUM OF LINES 1-117)	3,150	31,689,700	100	125,506,900	87,275
NONREIMBURSABLE COST CENTERS						
192	PHYSICIANS' PRIVATE OFFICES	206			2,705,500	13,925
194	OTHER NONREIMBURSABLE					
194.01	MEMORY DISORDER					
194.02	ASSISTED LIVING					

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		CAFETERIA	NURSING AD MINISTRATI ON	CENTRAL SE RVICES & S UPPLY	PHARMACY	MEDICAL RE CORDS & LI BRARY	
		CAFE MEALS SERV 11	DIRECT NURSING HO 13	CS COSTED REQUIS 14	PHARM COSTED REQ 15	TIME SPENT 16	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	802,169	1,996,338	561,422	2,457,281	1,024,011	202
203	UNIT COST MULT-WS B PT I	239.025328	0.062996	5,614.220000	0.019166	10.118686	203
204	COST TO BE ALLOC PER B PT II	24,294	114,176	60,440	56,132	41,546	204
205	UNIT COST MULT-WS B PT II	7.238975	0.003603	604.400000	0.000438	0.410534	205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

GENERAL SERVICE COST CENTERS	
1 CAP REL COSTS-BLDG & FIXT	1
2 CAP REL COSTS-MVBLE EQUIP	2
4 EMPLOYEE BENEFITS	4
5 ADMINISTRATIVE & GENERAL	5
6 MAINTENANCE & REPAIRS	6
7 OPERATION OF PLANT	7
8 LAUNDRY & LINEN SERVICE	8
9 HOUSEKEEPING	9
10 DIETARY	10
11 CAFETERIA	11
12 MAINTENANCE OF PERSONNEL	12
13 NURSING ADMINISTRATION	13
14 CENTRAL SERVICES & SUPPLY	14
15 PHARMACY	15
16 MEDICAL RECORDS & LIBRARY	16
17 SOCIAL SERVICE	17
19 NONPHYSICIAN ANESTHETISTS	19
20 NURSING SCHOOL	20
21 I&R SRVCES-SALARY & FRINGES APPRVD	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	22
23 PARAMED ED PRGM-(SPECIFY)	23
INPATIENT ROUTINE SERV COST CENTERS	
30 ADULTS & PEDIATRICS	30
31 INTENSIVE CARE UNIT	31
40 SUBPROVIDER - IPF	40
43 NURSERY	43
44 SKILLED NURSING FACILITY	44
ANCILLARY SERVICE COST CENTERS	
50 OPERATING ROOM	50
53 ANESTHESIOLOGY	53
54 RADIOLOGY-DIAGNOSTIC	54
56 RADIOISOTOPE	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	57
58 MAGNETIC RESONANCE IMAGING (MRI)	58
60 LABORATORY	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS	62.30
64 INTRAVENOUS THERAPY	64
65 RESPIRATORY THERAPY	65
66 PHYSICAL THERAPY	66
68 SPEECH PATHOLOGY	68
69 ELECTROCARDIOLOGY	69
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	71
72 IMPL. DEV. CHARGED TO PATIENT	72
73 DRUGS CHARGED TO PATIENTS	73
76.97 CARDIAC REHABILITATION	76.97
76.98 HYPERBARIC OXYGEN THERAPY	76.98
76.99 LITHOTRIPSY	76.99
OUTPATIENT SERVICE COST CENTERS	
91 EMERGENCY	91
92 OBSERVATION BEDS	92
OTHER REIMBURSABLE COST CENTERS	
95 AMBULANCE SERVICES	95
99.10 CORF	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	99.40
101 HOME HEALTH AGENCY	101
SPECIAL PURPOSE COST CENTERS	
116 HOSPICE	116
118 SUBTOTALS (SUM OF LINES 1-117)	118
NONREIMBURSABLE COST CENTERS	
192 PHYSICIANS' PRIVATE OFFICES	192
194 OTHER NONREIMBURSABLE	194
194.01 MEMORY DISORDER	194.01
194.02 ASSISTED LIVING	194.02

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

200	CROSS FOOT ADJUSTMENTS	200
201	NEGATIVE COST CENTER	201
202	COST TO BE ALLOC PER B PT I	202
203	UNIT COST MULT-WS B PT I	203
204	COST TO BE ALLOC PER B PT II	204
205	UNIT COST MULT-WS B PT II	205

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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 26) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	5,609,117		5,609,117		5,609,117	30
31 INTENSIVE CARE UNIT	1,677,992		1,677,992		1,677,992	31
40 SUBPROVIDER - IPF	1,986,288		1,986,288		1,986,288	40
43 NURSERY	400,396		400,396		400,396	43
44 SKILLED NURSING FACILITY	2,772,443		2,772,443		2,772,443	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	2,075,906		2,075,906		2,075,906	50
53 ANESTHESIOLOGY	158,421		158,421		158,421	53
54 RADIOLOGY-DIAGNOSTIC	1,452,879		1,452,879		1,452,879	54
56 RADIOISOTOPE	238,958		238,958		238,958	56
57 COMPUTED TOMOGRAPHY (CT) SC	673,109		673,109		673,109	57
58 MAGNETIC RESONANCE IMAGING	223,672		223,672		223,672	58
60 LABORATORY	2,695,631		2,695,631		2,695,631	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
64 INTRAVENOUS THERAPY	90,277		90,277		90,277	64
65 RESPIRATORY THERAPY	689,318		689,318		689,318	65
66 PHYSICAL THERAPY	1,871,157		1,871,157		1,871,157	66
68 SPEECH PATHOLOGY	164,500		164,500		164,500	68
69 ELECTROCARDIOLOGY	247,698		247,698		247,698	69
71 MEDICAL SUPPLIES CHRGED TO	1,573,195		1,573,195		1,573,195	71
72 IMPL. DEV. CHARGED TO PATIE	242,739		242,739		242,739	72
73 DRUGS CHARGED TO PATIENTS	2,203,217		2,203,217		2,203,217	73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	1,399,070		1,399,070		1,399,070	91
92 OBSERVATION BEDS	438,916		438,916		438,916	92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	1,164,066		1,164,066		1,164,066	95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	1,146,873		1,146,873		1,146,873	101
113 INTEREST EXPENSE						113
116 HOSPICE	521,369		521,369		521,369	116
200 SUBTOTAL (SEE INSTRUCTIONS)	31,717,207		31,717,207		31,717,207	200
201 LESS OBSERVATION BEDS	438,916		438,916		438,916	201
202 TOTAL (SEE INSTRUCTIONS)	31,278,291		31,278,291		31,278,291	202

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL (COLS. 6 + 7) 8			
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	5,602,163		5,602,163			30
31 INTENSIVE CARE UNIT	1,848,636		1,848,636			31
40 SUBPROVIDER - IPF	2,825,407		2,825,407			40
43 NURSERY	563,840		563,840			43
44 SKILLED NURSING FACILITY	1,805,275		1,805,275			44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	3,608,100	9,250,043	12,858,143	0.161447	0.161447	0.161447 50
53 ANESTHESIOLOGY	2,451,988	2,524,430	4,976,418	0.031834	0.031834	0.031834 53
54 RADIOLOGY-DIAGNOSTIC	1,403,146	5,709,246	7,112,392	0.204274	0.204274	0.204274 54
56 RADIOISOTOPE	244,486	2,457,743	2,702,229	0.088430	0.088430	0.088430 56
57 COMPUTED TOMOGRAPHY (CT) SC	1,210,146	5,540,724	6,750,870	0.099707	0.099707	0.099707 57
58 MAGNETIC RESONANCE IMAGING	138,220	1,263,392	1,401,612	0.159582	0.159582	0.159582 58
60 LABORATORY	4,981,676	12,102,666	17,084,342	0.157784	0.157784	0.157784 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
64 INTRAVENOUS THERAPY	742,575	153,846	896,421	0.100708	0.100708	0.100708 64
65 RESPIRATORY THERAPY	2,947,852	538,539	3,486,391	0.197717	0.197717	0.197717 65
66 PHYSICAL THERAPY	2,574,751	3,748,030	6,322,781	0.295939	0.295939	0.295939 66
68 SPEECH PATHOLOGY	209,442	228,197	437,639	0.375881	0.375881	0.375881 68
69 ELECTROCARDIOLOGY	535,375	1,824,943	2,360,318	0.104943	0.104943	0.104943 69
71 MEDICAL SUPPLIES CHRGD TO	2,861,002	2,003,332	4,864,334	0.323414	0.323414	0.323414 71
72 IMPL. DEV. CHARGED TO PATIE	144,219	381,345	525,564	0.461864	0.461864	0.461864 72
73 DRUGS CHARGED TO PATIENTS	7,058,637	3,513,855	10,572,492	0.208391	0.208391	0.208391 73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	1,468,733	5,370,308	6,839,041	0.204571	0.204571	0.204571 91
92 OBSERVATION BEDS	92,613	1,025,893	1,118,506	0.392413	0.392413	0.392413 92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	90,848	1,531,031	1,621,879	0.717727	0.717727	0.717727 95
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY		2,318,922	2,318,922			101
113 INTEREST EXPENSE						113
116 HOSPICE		1,327,423	1,327,423			116
200 SUBTOTAL (SEE INSTRUCTIONS)	45,409,130	62,813,908	108,223,038			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	45,409,130	62,813,908	108,223,038			202

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

CHECK [] TITLE V
 APPLICABLE [XX] TITLE XVIII-PT A
 BOXES [] TITLE XIX

COST CENTER DESCRIPTION		CAP-REL COST (FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT 2	REDUCED CAP-REL COST (COL.1 MINUS COL.2) 3	TOTAL PATIENT DAYS 4	PER DIEM (COL.3 + COL.4) 5	INPAT PGM DAYS 6	INPAT PGM CAP COST (COL.5 x COL.6) 7	
		1							
30	INPAT ROUTINE SERV COST CTRS								
30	ADULTS & PEDIATRICS	422,860	4,178	418,682	5,985	69.96	3,158	220,934	30
31	INTENSIVE CARE UNIT	107,635		107,635	1,435	75.01	1,311	98,338	31
32	CORONARY CARE UNIT								32
33	BURN INTENSIVE CARE UNIT								33
34	SURGICAL INTENSIVE CARE UNIT								34
35	OTHER SPECIAL CARE (SPECIFY)								35
40	SUBPROVIDER - IPF	92,701		92,701	2,873	32.27	797	25,719	40
41	SUBPROVIDER - IRF								41
42	SUBPROVIDER I								42
43	NURSERY	17,842		17,842	676	26.39			43
44	SKILLED NURSING FACILITY	160,396		160,396	9,299	17.25	2,785	48,041	44
45	NURSING FACILITY								45
200	TOTAL (LINES 30-199)	801,434		797,256	20,268		8,051	393,032	200

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[XX] [] []	HOSPITAL (14-0147) IPF IRF	[] SUB (OTHER)	[XX] []	PPS TEFRA	
	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1		TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5	
	ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	256,901	12,858,143	0.019980	1,035,073	20,681	50
53	ANESTHESIOLOGY	33,014	4,976,418	0.006634	284,323	1,886	53
54	RADIOLOGY-DIAGNOSTIC	256,910	7,112,392	0.036121	1,169,866	42,257	54
56	RADIOISOTOPE	7,678	2,702,229	0.002841	165,154	469	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	240,522	6,750,870	0.035628	986,262	35,139	57
58	MAGNETIC RESONANCE IMAGING (M	1,731	1,401,612	0.001235	116,371	144	58
60	LABORATORY	121,656	17,084,342	0.007121	3,920,405	27,917	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
64	INTRAVENOUS THERAPY	1,551	896,421	0.001730	333,475	577	64
65	RESPIRATORY THERAPY	19,990	3,486,391	0.005734	1,950,904	11,186	65
66	PHYSICAL THERAPY	68,714	6,322,781	0.010868	623,842	6,780	66
68	SPEECH PATHOLOGY	2,847	437,639	0.006505	80,645	525	68
69	ELECTROCARDIOLOGY	10,790	2,360,318	0.004571	336,548	1,538	69
71	MEDICAL SUPPLIES CHRGD TO PA	60,802	4,864,334	0.012500	1,020,659	12,758	71
72	IMPL. DEV. CHARGED TO PATIENT	9,143	525,564	0.017397	67,807	1,180	72
73	DRUGS CHARGED TO PATIENTS	50,328	10,572,492	0.004760	3,660,644	17,425	73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
91	EMERGENCY	73,495	6,839,041	0.010746	926,448	9,956	91
92	OBSERVATION BEDS	33,419	1,118,506	0.029878	72,878	2,177	92
	OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES						95
200	TOTAL (SUM OF LINES 50-199)	1,249,491	90,309,493	90,309,493	16,751,304	192,595	200

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

CHECK [] TITLE V
 APPLICABLE [XX] TITLE XVIII-PT A
 BOXES [] TITLE XIX

COST CENTER DESCRIPTION		NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5
30	INPAT ROUTINE SERV COST CTRS					30
31	ADULTS & PEDIATRICS					31
32	INTENSIVE CARE UNIT					32
33	CORONARY CARE UNIT					33
34	BURN INTENSIVE CARE UNIT					34
35	SURGICAL INTENSIVE CARE UNIT					35
40	OTHER SPECIAL CARE (SPECIFY)					40
41	SUBPROVIDER - IPF					41
42	SUBPROVIDER - IRF					42
43	SUBPROVIDER I					43
44	NURSERY					44
45	SKILLED NURSING FACILITY					45
200	NURSING FACILITY					200
	TOTAL (SUM OF LINES 30-199)					

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

CHECK [] TITLE V
 APPLICABLE [XX] TITLE XVIII-PT A
 BOXES [] TITLE XIX

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
	INPAT ROUTINE SERV COST CTRS					
30	ADULTS & PEDIATRICS	5,985		3,158		30
31	INTENSIVE CARE UNIT	1,435		1,311		31
32	CORONARY CARE UNIT					32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	OTHER SPECIAL CARE (SPECIFY)					35
40	SUBPROVIDER - IPF	2,873		797		40
41	SUBPROVIDER - IRF					41
42	SUBPROVIDER I					42
43	NURSERY	676				43
44	SKILLED NURSING FACILITY	9,299		2,785		44
45	NURSING FACILITY					45
200	TOTAL (SUM OF LINES 30-199)	20,268		8,051		200

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0147)	[]	SUB (OTHER)	[]	ICF/MR	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	IPF	[]	SNF			[]	TEFRA
BOXES	[]	TITLE XIX	[]	IRF	[]	NF				

COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
64 INTRAVENOUS THERAPY						64
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
71 MEDICAL SUPPLIES CHRGD TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
200 TOTAL (SUM OF LINES 50-199)						200

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0147) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	12,858,143			1,035,073		2,996,445	50
53 ANESTHESIOLOGY	4,976,418			284,323		577,550	53
54 RADIOLOGY-DIAGNOSTIC	7,112,392			1,169,866		1,976,368	54
56 RADIOISOTOPE	2,702,229			165,154		1,304,042	56
57 COMPUTED TOMOGRAPHY (CT) SCA	6,750,870			986,262		2,121,378	57
58 MAGNETIC RESONANCE IMAGING (	1,401,612			116,371		468,359	58
60 LABORATORY	17,084,342			3,920,405		795,744	60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
64 INTRAVENOUS THERAPY	896,421			333,475		86,205	64
65 RESPIRATORY THERAPY	3,486,391			1,950,904		313,609	65
66 PHYSICAL THERAPY	6,322,781			623,842			66
68 SPEECH PATHOLOGY	437,639			80,645			68
69 ELECTROCARDIOLOGY	2,360,318			336,548		895,109	69
71 MEDICAL SUPPLIES CHRGD TO P	4,864,334			1,020,659		717,193	71
72 IMPL. DEV. CHARGED TO PATIEN	525,564			67,807		231,076	72
73 DRUGS CHARGED TO PATIENTS	10,572,492			3,660,644		1,562,916	73
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	6,839,041			926,448		1,237,891	91
92 OBSERVATION BEDS	1,118,506			72,878		192,706	92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES							95
200 TOTAL (SUM OF LINES 50-199)	90,309,493			16,751,304		15,476,591	200

PROVIDER CCN: 14-0147 RICHLAND MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2010 TO 09/30/2011

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 03/12/2012 10:04

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK	[]	TITLE V - O/P	[XX]	HOSPITAL (14-0147)	[]	SUB (OTHER)	[]	S/B-SNF
APPLICABLE	[XX]	TITLE XVIII-PT B	[]	IPF	[]	SNF	[]	S/B-NF
BOXES	[]	TITLE XIX - O/P	[]	IRF	[]	NF	[]	ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PROGRAM CHARGES				PROGRAM COSTS		
		PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCS NOT SUBJECT TO DED & COINS 4		PPS SERVICES SUBJECT TO DED & COINS 5	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCS NOT SUBJECT TO DED & COINS 7
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.161447	2,996,445				483,767		50
53 ANESTHESIOLOGY	0.031834	577,550				18,386		53
54 RADIOLOGY-DIAGNOSTIC	0.204274	1,976,368				403,721		54
56 RADIOISOTOPE	0.088430	1,304,042				115,316		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.099707	2,121,378				211,516		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.159582	468,359				74,742		58
60 LABORATORY	0.157784	795,744				125,556		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
64 INTRAVENOUS THERAPY	0.100708	86,205				8,682		64
65 RESPIRATORY THERAPY	0.197717	313,609				62,006		65
66 PHYSICAL THERAPY	0.295939							66
68 SPEECH PATHOLOGY	0.375881							68
69 ELECTROCARDIOLOGY	0.104943	895,109				93,935		69
71 MEDICAL SUPPLIES CHRGD TO PATI	0.323414	717,193				231,950		71
72 IMPL. DEV. CHARGED TO PATIENT	0.461864	231,076				106,726		72
73 DRUGS CHARGED TO PATIENTS	0.208391	1,562,916		4,217		325,698		73
76.97 CARDIAC REHABILITATION								76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
91 EMERGENCY	0.204571	1,237,891				253,237		91
92 OBSERVATION BEDS	0.392413	192,706				75,620		92
OTHER REIMBURSABLE COST CENTERS								
95 AMBULANCE SERVICES	0.717727							95
200 SUBTOTAL (SEE INSTRUCTIONS)		15,476,591		4,217		2,590,858		879 200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		15,476,591		4,217		2,590,858		879 202

PROVIDER CCN: 14-0147 RICHLAND MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2010 TO 09/30/2011

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 03/12/2012 10:04

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [XX] IPF (14-S147) [] IRF	[] SUB (OTHER)	[XX] PPS [] TEFRA	
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 + COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	256,901	12,858,143	0.019980		50
53 ANESTHESIOLOGY	33,014	4,976,418	0.006634		53
54 RADIOLOGY-DIAGNOSTIC	256,910	7,112,392	0.036121	8,443	54
56 RADIOISOTOPE	7,678	2,702,229	0.002841		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	240,522	6,750,870	0.035628	11,582	57
58 MAGNETIC RESONANCE IMAGING (M	1,731	1,401,612	0.001235		58
60 LABORATORY	121,656	17,084,342	0.007121	61,276	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA					62.30
64 INTRAVENOUS THERAPY	1,551	896,421	0.001730	147	64
65 RESPIRATORY THERAPY	19,990	3,486,391	0.005734	18,750	65
66 PHYSICAL THERAPY	68,714	6,322,781	0.010868	1,136	66
68 SPEECH PATHOLOGY	2,847	437,639	0.006505		68
69 ELECTROCARDIOLOGY	10,790	2,360,318	0.004571	1,993	69
71 MEDICAL SUPPLIES CHRGD TO PA	60,802	4,864,334	0.012500	6,093	71
72 IMPL. DEV. CHARGED TO PATIENT	9,143	525,564	0.017397		72
73 DRUGS CHARGED TO PATIENTS	50,328	10,572,492	0.004760	261,033	73
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	73,495	6,839,041	0.010746	40,537	91
92 OBSERVATION BEDS	33,419	1,118,506	0.029878		92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES					95
200 TOTAL (SUM OF LINES 50-199)	1,249,491	90,309,493	90,309,493	410,990	200

PROVIDER CCN: 14-0147 RICHLAND MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2010 TO 09/30/2011

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB (OTHER)	[]	ICF/MR	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[XX]	IPF (14-S147)	[]	SNF			[]	TEFRA
BOXES	[]	TITLE XIX	[]	IRF	[]	NF				

COST CENTER DESCRIPTION	NON			ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN			MEDICAL	COST	COST
	ANESTHETIST	NURSING	ALLIED	EDUCATION	(SUM OF	(SUM OF
	COST	SCHOOL	HEALTH	COST	COLS. 1-4)	COLS. 2-4)
	1	2	3	4	5	6
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM					50
53	ANESTHESIOLOGY					53
54	RADIOLOGY-DIAGNOSTIC					54
56	RADIOISOTOPE					56
57	COMPUTED TOMOGRAPHY (CT) SCAN					57
58	MAGNETIC RESONANCE IMAGING (M					58
60	LABORATORY					60
62.30	BLOOD CLOTTING FOR HEMOPHILIA					62.30
64	INTRAVENOUS THERAPY					64
65	RESPIRATORY THERAPY					65
66	PHYSICAL THERAPY					66
68	SPEECH PATHOLOGY					68
69	ELECTROCARDIOLOGY					69
71	MEDICAL SUPPLIES CHRGD TO PA					71
72	IMPL. DEV. CHARGED TO PATIENT					72
73	DRUGS CHARGED TO PATIENTS					73
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
91	EMERGENCY					91
92	OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES					95
200	TOTAL (SUM OF LINES 50-199)					200

PROVIDER CCN: 14-0147 RICHLAND MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2010 TO 09/30/2011

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB (OTHER)	[]	ICF/MR	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[XX]	IPF (14-S147)	[]	SNF			[]	TEFRA
BOXES	[]	TITLE XIX	[]	IRF	[]	NF				

COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	12,858,143						50
53 ANESTHESIOLOGY	4,976,418						53
54 RADIOLOGY-DIAGNOSTIC	7,112,392			8,443			54
56 RADIOISOTOPE	2,702,229						56
57 COMPUTED TOMOGRAPHY (CT) SCA	6,750,870			11,582			57
58 MAGNETIC RESONANCE IMAGING (	1,401,612						58
60 LABORATORY	17,084,342			61,276			60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
64 INTRAVENOUS THERAPY	896,421			147			64
65 RESPIRATORY THERAPY	3,486,391			18,750			65
66 PHYSICAL THERAPY	6,322,781			1,136			66
68 SPEECH PATHOLOGY	437,639						68
69 ELECTROCARDIOLOGY	2,360,318			1,993			69
71 MEDICAL SUPPLIES CHRGD TO P	4,864,334			6,093			71
72 IMPL. DEV. CHARGED TO PATIEN	525,564						72
73 DRUGS CHARGED TO PATIENTS	10,572,492			261,033			73
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	6,839,041			40,537			91
92 OBSERVATION BEDS	1,118,506						92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES							95
200 TOTAL (SUM OF LINES 50-199)	90,309,493			410,990			200

PROVIDER CCN: 14-0147 RICHLAND MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2010 TO 09/30/2011

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK	[]	TITLE V - O/P	[]	HOSPITAL	[]	SUB (OTHER)	[]	S/B-SNF
APPLICABLE	[XX]	TITLE XVIII-PT B	[XX]	IPF (14-S147)	[]	SNF	[]	S/B-NF
BOXES	[]	TITLE XIX - O/P	[]	IRF	[]	NF	[]	ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9	PROGRAM CHARGES				PROGRAM COSTS		
		PPS	COST REIMB.	COST REIMB.		COST	COST	
		REIMBURSED SERVICES	SUBJECT TO DED & COINS	SVCES NOT SUBJECT TO DED & COINS		PPS SERVICES	SUBJECT TO DED & COINS	SVCES NOT SUBJECT TO DED & COINS
	1	2	3	4		5	6	7
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.161447							50
53 ANESTHESIOLOGY	0.031834							53
54 RADIOLOGY-DIAGNOSTIC	0.204274							54
56 RADIOISOTOPE	0.088430							56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.099707							57
58 MAGNETIC RESONANCE IMAGING (MRI	0.159582							58
60 LABORATORY	0.157784							60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
64 INTRAVENOUS THERAPY	0.100708							64
65 RESPIRATORY THERAPY	0.197717							65
66 PHYSICAL THERAPY	0.295939							66
68 SPEECH PATHOLOGY	0.375881							68
69 ELECTROCARDIOLOGY	0.104943							69
71 MEDICAL SUPPLIES CHRGD TO PATI	0.323414							71
72 IMPL. DEV. CHARGED TO PATIENT	0.461864							72
73 DRUGS CHARGED TO PATIENTS	0.208391							73
76.97 CARDIAC REHABILITATION								76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
91 EMERGENCY	0.204571							91
92 OBSERVATION BEDS	0.392413							92
OTHER REIMBURSABLE COST CENTERS								
95 AMBULANCE SERVICES	0.717727							95
200 SUBTOTAL (SEE INSTRUCTIONS)								200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)								202

PROVIDER CCN: 14-0147 RICHLAND MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2010 TO 09/30/2011

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK	[]	TITLE V - O/P	[]	HOSPITAL	[]	SUB (OTHER)	[XX]	S/B-SNF (14-U147)
APPLICABLE	[XX]	TITLE XVIII-PT B	[]	IPF	[]	SNF	[]	S/B-NF
BOXES	[]	TITLE XIX - O/P	[]	IRF	[]	NF	[]	ICF/MR

		PROGRAM CHARGES				PROGRAM COSTS		
		COST TO		COST REIMB.	COST REIMB.		COST	COST
		CHARGE RATIO	PPS	SERVICES	SVCES NOT		SERVICES	SVCES NOT
COST CENTER DESCRIPTION		FROM WKST C, PT I, COL. 9	REIMBURSED	SUBJECT TO	SUBJECT TO	PPS	SUBJECT TO	SUBJECT TO
		1	SERVICES	DED & COINS	DED & COINS	SERVICES	DED & COINS	DED & COINS
			2	3	4	5	6	7
	ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	0.161447						50
53	ANESTHESIOLOGY	0.031834						53
54	RADIOLOGY-DIAGNOSTIC	0.204274						54
56	RADIOISOTOPE	0.088430						56
57	COMPUTED TOMOGRAPHY (CT) SCAN	0.099707						57
58	MAGNETIC RESONANCE IMAGING (MRI	0.159582						58
60	LABORATORY	0.157784						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
64	INTRAVENOUS THERAPY	0.100708						64
65	RESPIRATORY THERAPY	0.197717						65
66	PHYSICAL THERAPY	0.295939						66
68	SPEECH PATHOLOGY	0.375881						68
69	ELECTROCARDIOLOGY	0.104943						69
71	MEDICAL SUPPLIES CHRGED TO PATI	0.323414						71
72	IMPL. DEV. CHARGED TO PATIENT	0.461864						72
73	DRUGS CHARGED TO PATIENTS	0.208391						73
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	0.204571						91
92	OBSERVATION BEDS	0.392413						92
	OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES	0.717727						95
200	SUBTOTAL (SEE INSTRUCTIONS)							200
201	LESS PBP CLINIC LAB SERVICES							201
202	NET CHARGES (LINE 200 - LINE 201)							202

PROVIDER CCN: 14-0147 RICHLAND MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2010 TO 09/30/2011

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB (OTHER)	[]	ICF/MR	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	IPF	[XX]	SNF (14-5580)			[]	TEFRA
BOXES	[]	TITLE XIX	[]	IRF	[]	NF				

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN			MEDICAL	COST	COST
	ANESTHETIST			EDUCATION	(SUM OF	(SUM OF
	COST	SCHOOL	HEALTH	COST	COLS. 1-4)	COLS. 2-4)
	1	2	3	4	5	6
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM					50
53	ANESTHESIOLOGY					53
54	RADIOLOGY-DIAGNOSTIC					54
56	RADIOISOTOPE					56
57	COMPUTED TOMOGRAPHY (CT) SCAN					57
58	MAGNETIC RESONANCE IMAGING (M					58
60	LABORATORY					60
62.30	BLOOD CLOTTING FOR HEMOPHILIA					62.30
64	INTRAVENOUS THERAPY					64
65	RESPIRATORY THERAPY					65
66	PHYSICAL THERAPY					66
68	SPEECH PATHOLOGY					68
69	ELECTROCARDIOLOGY					69
71	MEDICAL SUPPLIES CHRGD TO PA					71
72	IMPL. DEV. CHARGED TO PATIENT					72
73	DRUGS CHARGED TO PATIENTS					73
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
91	EMERGENCY					91
92	OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES					95
200	TOTAL (SUM OF LINES 50-199)					200

PROVIDER CCN: 14-0147 RICHLAND MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2010 TO 09/30/2011

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [XX] SNF (14-5580) [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	TOTAL	RATIO OF	O/P RATIO	INPAT	INPAT PGM	O/P PGM	O/P PGM
	CHARGES	COST TO	OF COST TO		PASS-THRU	PASS-THRU	PASS-THRU
	(FROM WKST	CHARGES	CHARGES	PGM	COSTS	COSTS	COSTS
	C, PT. I,	(COL. 5 +	(COL. 6 +		(COL. 8 x	(COL. 9 x	(COL. 9 x
	COL. 8)	COL. 7)	COL. 7)	CHARGES	COL. 10)	CHARGES	COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	12,858,143						50
53 ANESTHESIOLOGY	4,976,418						53
54 RADIOLOGY-DIAGNOSTIC	7,112,392			76,739			54
56 RADIOISOTOPE	2,702,229			23,217			56
57 COMPUTED TOMOGRAPHY (CT) SCA	6,750,870			33,054			57
58 MAGNETIC RESONANCE IMAGING (	1,401,612			3,170			58
60 LABORATORY	17,084,342			212,008			60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
64 INTRAVENOUS THERAPY	896,421			36,183			64
65 RESPIRATORY THERAPY	3,486,391			458,876			65
66 PHYSICAL THERAPY	6,322,781			1,644,155			66
68 SPEECH PATHOLOGY	437,639			109,464			68
69 ELECTROCARDIOLOGY	2,360,318			10,196			69
71 MEDICAL SUPPLIES CHRGED TO P	4,864,334			129,149			71
72 IMPL. DEV. CHARGED TO PATIEN	525,564						72
73 DRUGS CHARGED TO PATIENTS	10,572,492			836,214			73
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	6,839,041						91
92 OBSERVATION BEDS	1,118,506						92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES							95
200 TOTAL (SUM OF LINES 50-199)	90,309,493			3,572,425			200

PROVIDER CCN: 14-0147 RICHLAND MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2010 TO 09/30/2011

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 03/12/2012 10:04

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK	[]	TITLE V - O/P	[]	HOSPITAL	[]	SUB (OTHER)	[]	S/B-SNF
APPLICABLE	[XX]	TITLE XVIII-PT B	[]	IPF	[XX]	SNF (14-5580)	[]	S/B-NF
BOXES	[]	TITLE XIX - O/P	[]	IRF	[]	NF	[]	ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	----- PROGRAM CHARGES -----				----- PROGRAM COSTS -----		
		PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	PPS SERVICES SUBJECT TO DED & COINS 5	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.161447						50	
53 ANESTHESIOLOGY	0.031834						53	
54 RADIOLOGY-DIAGNOSTIC	0.204274						54	
56 RADIOISOTOPE	0.088430						56	
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.099707						57	
58 MAGNETIC RESONANCE IMAGING (MRI	0.159582						58	
60 LABORATORY	0.157784						60	
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30	
64 INTRAVENOUS THERAPY	0.100708						64	
65 RESPIRATORY THERAPY	0.197717						65	
66 PHYSICAL THERAPY	0.295939						66	
68 SPEECH PATHOLOGY	0.375881						68	
69 ELECTROCARDIOLOGY	0.104943						69	
71 MEDICAL SUPPLIES CHRGD TO PATI	0.323414						71	
72 IMPL. DEV. CHARGED TO PATIENT	0.461864						72	
73 DRUGS CHARGED TO PATIENTS	0.208391						73	
76.97 CARDIAC REHABILITATION							76.97	
76.98 HYPERBARIC OXYGEN THERAPY							76.98	
76.99 LITHOTRIPSY							76.99	
OUTPATIENT SERVICE COST CENTERS								
91 EMERGENCY	0.204571						91	
92 OBSERVATION BEDS	0.392413						92	
OTHER REIMBURSABLE COST CENTERS								
95 AMBULANCE SERVICES	0.717727						95	
200 SUBTOTAL (SEE INSTRUCTIONS)							200	
201 LESS PBP CLINIC LAB SERVICES							201	
202 NET CHARGES (LINE 200 - LINE 201)							202	

PROVIDER CCN: 14-0147 RICHLAND MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2010 TO 09/30/2011

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 03/12/2012 10:04

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

CHECK [] TITLE V
 APPLICABLE [] TITLE XVIII-PT A
 BOXES [XX] TITLE XIX

COST CENTER DESCRIPTION		CAP-REL COST (FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	REDUCED CAP-REL COST (COL.1 MINUS COL.2)	TOTAL PATIENT DAYS	PER DIEM (COL.3 + COL.4)	INPAT PGM DAYS	INPAT PGM CAP COST (COL.5 x COL.6)	
		1	2	3	4	5	6	7	
30	INPAT ROUTINE SERV COST CTRS								
31	ADULTS & PEDIATRICS	422,860	4,178	418,682	5,985	69.96	1,033	72,269	30
32	INTENSIVE CARE UNIT	107,635		107,635	1,435	75.01	20	1,500	31
33	CORONARY CARE UNIT								32
34	BURN INTENSIVE CARE UNIT								33
35	SURGICAL INTENSIVE CARE UNIT								34
40	OTHER SPECIAL CARE (SPECIFY)								35
41	SUBPROVIDER - IPF	92,701		92,701	2,873	32.27	1,026	33,109	40
42	SUBPROVIDER - IRF								41
43	SUBPROVIDER I								42
44	NURSERY	17,842		17,842	676	26.39	457	12,060	43
45	SKILLED NURSING FACILITY	160,396		160,396	9,299	17.25			44
45	NURSING FACILITY								45
200	TOTAL (LINES 30-199)	801,434		797,256	20,268		2,536	118,938	200

PROVIDER CCN: 14-0147 RICHLAND MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2010 TO 09/30/2011

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 03/12/2012 10:04

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0147)	[]	SUB (OTHER)	[XX]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	IPF			[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	IRF			[]	OTHER

COST CENTER DESCRIPTION		CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5	
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	256,901	12,858,143	0.019980	1,984,610	39,653	50
53	ANESTHESIOLOGY	33,014	4,976,418	0.006634	254,882	1,691	53
54	RADIOLOGY-DIAGNOSTIC	256,910	7,112,392	0.036121	127,888	4,619	54
56	RADIOISOTOPE	7,678	2,702,229	0.002841	15,555	44	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	240,522	6,750,870	0.035628	126,283	4,499	57
58	MAGNETIC RESONANCE IMAGING (M	1,731	1,401,612	0.001235	3,170	4	58
60	LABORATORY	121,656	17,084,342	0.007121	739,837	5,268	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
64	INTRAVENOUS THERAPY	1,551	896,421	0.001730	164,243	284	64
65	RESPIRATORY THERAPY	19,990	3,486,391	0.005734	171,093	981	65
66	PHYSICAL THERAPY	68,714	6,322,781	0.010868	71,218	774	66
68	SPEECH PATHOLOGY	2,847	437,639	0.006505	684	4	68
69	ELECTROCARDIOLOGY	10,790	2,360,318	0.004571	110,910	507	69
71	MEDICAL SUPPLIES CHRGD TO PA	60,802	4,864,334	0.012500	631,684	7,896	71
72	IMPL. DEV. CHARGED TO PATIENT	9,143	525,564	0.017397	24,121	420	72
73	DRUGS CHARGED TO PATIENTS	50,328	10,572,492	0.004760	728,222	3,466	73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	73,495	6,839,041	0.010746	5,509	59	91
92	OBSERVATION BEDS		1,118,506	1,118,506	8,992		92
OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES						95
200	TOTAL (SUM OF LINES 50-199)	1,216,072	90,309,493	90,309,493	5,168,901	70,169	200

PROVIDER CCN: 14-0147 RICHLAND MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2010 TO 09/30/2011

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

CHECK [] TITLE V
 APPLICABLE [] TITLE XVIII-PT A
 BOXES [XX] TITLE XIX

	COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5	
	INPAT ROUTINE SERV COST CTRS						
30	ADULTS & PEDIATRICS						30
31	INTENSIVE CARE UNIT						31
32	CORONARY CARE UNIT						32
33	BURN INTENSIVE CARE UNIT						33
34	SURGICAL INTENSIVE CARE UNIT						34
35	OTHER SPECIAL CARE (SPECIFY)						35
40	SUBPROVIDER - IPF						40
41	SUBPROVIDER - IRF						41
42	SUBPROVIDER I						42
43	NURSERY						43
44	SKILLED NURSING FACILITY						44
45	NURSING FACILITY						45
200	TOTAL (SUM OF LINES 30-199)						200

PROVIDER CCN: 14-0147 RICHLAND MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2010 TO 09/30/2011

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

CHECK [] TITLE V
 APPLICABLE [] TITLE XVIII-PT A
 BOXES [XX] TITLE XIX

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
	INPAT ROUTINE SERV COST CTRS					
30	ADULTS & PEDIATRICS	5,985		1,033		30
31	INTENSIVE CARE UNIT	1,435		20		31
32	CORONARY CARE UNIT					32
33	BURN INTENSIVE CARE UNIT					33
34	SURGICAL INTENSIVE CARE UNIT					34
35	OTHER SPECIAL CARE (SPECIFY)					35
40	SUBPROVIDER - IPF	2,873		1,026		40
41	SUBPROVIDER - IRF					41
42	SUBPROVIDER I					42
43	NURSERY	676		457		43
44	SKILLED NURSING FACILITY	9,299				44
45	NURSING FACILITY					45
200	TOTAL (SUM OF LINES 30-199)	20,268		2,536		200

PROVIDER CCN: 14-0147 RICHLAND MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2010 TO 09/30/2011

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0147)	[]	SUB (OTHER)	[]	ICF/MR	[XX]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	IPF	[]	SNF			[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	IRF	[]	NF			[]	OTHER
COST CENTER DESCRIPTION				NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6	
ANCILLARY SERVICE COST CENTERS										
50		OPERATING ROOM								50
53		ANESTHESIOLOGY								53
54		RADIOLOGY-DIAGNOSTIC								54
56		RADIOISOTOPE								56
57		COMPUTED TOMOGRAPHY (CT) SCAN								57
58		MAGNETIC RESONANCE IMAGING (M								58
60		LABORATORY								60
62.30		BLOOD CLOTTING FOR HEMOPHILIA								62.30
64		INTRAVENOUS THERAPY								64
65		RESPIRATORY THERAPY								65
66		PHYSICAL THERAPY								66
68		SPEECH PATHOLOGY								68
69		ELECTROCARDIOLOGY								69
71		MEDICAL SUPPLIES CHRGD TO PA								71
72		IMPL. DEV. CHARGED TO PATIENT								72
73		DRUGS CHARGED TO PATIENTS								73
76.97		CARDIAC REHABILITATION								76.97
76.98		HYPERBARIC OXYGEN THERAPY								76.98
76.99		LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS										
91		EMERGENCY								91
92		OBSERVATION BEDS								92
OTHER REIMBURSABLE COST CENTERS										
95		AMBULANCE SERVICES								95
200		TOTAL (SUM OF LINES 50-199)								200

PROVIDER CCN: 14-0147 RICHLAND MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2010 TO 09/30/2011

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0147)	[]	SUB (OTHER)	[]	ICF/MR	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	IPF	[]	SNF			[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	IRF	[]	NF			[]	OTHER
		COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 + COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 + COL. 7) 9	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13	
ANCILLARY SERVICE COST CENTERS										
50		OPERATING ROOM	12,858,143			1,984,610				50
53		ANESTHESIOLOGY	4,976,418			254,882				53
54		RADIOLOGY-DIAGNOSTIC	7,112,392			127,888				54
56		RADIOISOTOPE	2,702,229			15,555				56
57		COMPUTED TOMOGRAPHY (CT) SCA	6,750,870			126,283				57
58		MAGNETIC RESONANCE IMAGING (	1,401,612			3,170				58
60		LABORATORY	17,084,342			739,837				60
62.30		BLOOD CLOTTING FOR HEMOPHILI								62.30
64		INTRAVENOUS THERAPY	896,421			164,243				64
65		RESPIRATORY THERAPY	3,486,391			171,093				65
66		PHYSICAL THERAPY	6,322,781			71,218				66
68		SPEECH PATHOLOGY	437,639			684				68
69		ELECTROCARDIOLOGY	2,360,318			110,910				69
71		MEDICAL SUPPLIES CHRGD TO P	4,864,334			631,684				71
72		IMPL. DEV. CHARGED TO PATIEN	525,564			24,121				72
73		DRUGS CHARGED TO PATIENTS	10,572,492			728,222				73
76.97		CARDIAC REHABILITATION								76.97
76.98		HYPERBARIC OXYGEN THERAPY								76.98
76.99		LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS										
91		EMERGENCY	6,839,041			5,509				91
92		OBSERVATION BEDS	1,118,506			8,992				92
OTHER REIMBURSABLE COST CENTERS										
95		AMBULANCE SERVICES	1,621,879							95
200		TOTAL (SUM OF LINES 50-199)	90,309,493			5,168,901				200

PROVIDER CCN: 14-0147 RICHLAND MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2010 TO 09/30/2011

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK	[]	TITLE V - O/P	[XX]	HOSPITAL (14-0147)	[]	SUB (OTHER)	[]	S/B-SNF
APPLICABLE	[]	TITLE XVIII-PT B	[]	IPF	[]	SNF	[]	S/B-NF
BOXES	[XX]	TITLE XIX - O/P	[]	IRF	[]	NF	[]	ICF/MR

		PROGRAM CHARGES				PROGRAM COSTS		
COST CENTER DESCRIPTION	COST TO		COST REIMB.	COST REIMB.		COST	COST	
	CHARGE RATIO	PPS	SERVICES	SVCS NOT		SERVICES	SVCS NOT	
	FROM WKST C,	REIMBURSED	SUBJECT TO	SUBJECT TO	PPS	SUBJECT TO	SUBJECT TO	
	PT I, COL. 9	SERVICES	DED & COINS	DED & COINS	SERVICES	DED & COINS	DED & COINS	
	1	2	3	4	5	6	7	
ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	0.161447					50	
53	ANESTHESIOLOGY	0.031834					53	
54	RADIOLOGY-DIAGNOSTIC	0.204274					54	
56	RADIOISOTOPE	0.088430					56	
57	COMPUTED TOMOGRAPHY (CT) SCAN	0.099707					57	
58	MAGNETIC RESONANCE IMAGING (MRI	0.159582					58	
60	LABORATORY	0.157784					60	
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30	
64	INTRAVENOUS THERAPY	0.100708					64	
65	RESPIRATORY THERAPY	0.197717					65	
66	PHYSICAL THERAPY	0.295939					66	
68	SPEECH PATHOLOGY	0.375881					68	
69	ELECTROCARDIOLOGY	0.104943					69	
71	MEDICAL SUPPLIES CHRGD TO PATI	0.323414					71	
72	IMPL. DEV. CHARGED TO PATIENT	0.461864					72	
73	DRUGS CHARGED TO PATIENTS	0.208391					73	
76.97	CARDIAC REHABILITATION						76.97	
76.98	HYPERBARIC OXYGEN THERAPY						76.98	
76.99	LITHOTRIPSY						76.99	
OUTPATIENT SERVICE COST CENTERS								
91	EMERGENCY	0.204571					91	
92	OBSERVATION BEDS	0.392413					92	
OTHER REIMBURSABLE COST CENTERS								
95	AMBULANCE SERVICES	0.717727					95	
200	SUBTOTAL (SEE INSTRUCTIONS)						200	
201	LESS PBP CLINIC LAB SERVICES						201	
202	NET CHARGES (LINE 200 - LINE 201)						202	

PROVIDER CCN: 14-0147 RICHLAND MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2010 TO 09/30/2011

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [] TITLE XVIII-PT A [XX] IPF (14-S147)
 BOXES [XX] TITLE XIX [] IRF

[XX] PPS
 [] TEFRA
 [] OTHER

COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	256,901	12,858,143	0.019980		50
53 ANESTHESIOLOGY	33,014	4,976,418	0.006634		53
54 RADIOLOGY-DIAGNOSTIC	256,910	7,112,392	0.036121		54
56 RADIOISOTOPE	7,678	2,702,229	0.002841		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	240,522	6,750,870	0.035628		57
58 MAGNETIC RESONANCE IMAGING (M	1,731	1,401,612	0.001235		58
60 LABORATORY	121,656	17,084,342	0.007121		60
62.30 BLOOD CLOTTING FOR HEMOPHILIA					62.30
64 INTRAVENOUS THERAPY	1,551	896,421	0.001730		64
65 RESPIRATORY THERAPY	19,990	3,486,391	0.005734		65
66 PHYSICAL THERAPY	68,714	6,322,781	0.010868		66
68 SPEECH PATHOLOGY	2,847	437,639	0.006505		68
69 ELECTROCARDIOLOGY	10,790	2,360,318	0.004571		69
71 MEDICAL SUPPLIES CHRGD TO PA	60,802	4,864,334	0.012500		71
72 IMPL. DEV. CHARGED TO PATIENT	9,143	525,564	0.017397		72
73 DRUGS CHARGED TO PATIENTS	50,328	10,572,492	0.004760		73
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	73,495	6,839,041	0.010746		91
92 OBSERVATION BEDS		1,118,506	1,118,506		92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES					95
200 TOTAL (SUM OF LINES 50-199)	1,216,072	90,309,493	90,309,493		200

PROVIDER CCN: 14-0147 RICHLAND MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2010 TO 09/30/2011

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB (OTHER)	[]	ICF/MR	[XX]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[XX]	IPF (14-S147)	[]	SNF			[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	IRF	[]	NF			[]	OTHER

COST CENTER DESCRIPTION	NON			ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN			MEDICAL	COST	COST
	ANESTHETIST	NURSING	ALLIED	EDUCATION	(SUM OF	(SUM OF
	COST	SCHOOL	HEALTH	COST	COLS.1-4)	COLS.2-4)
	1	2	3	4	5	6
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM					50
53	ANESTHESIOLOGY					53
54	RADIOLOGY-DIAGNOSTIC					54
56	RADIOISOTOPE					56
57	COMPUTED TOMOGRAPHY (CT) SCAN					57
58	MAGNETIC RESONANCE IMAGING (M					58
60	LABORATORY					60
62.30	BLOOD CLOTTING FOR HEMOPHILIA					62.30
64	INTRAVENOUS THERAPY					64
65	RESPIRATORY THERAPY					65
66	PHYSICAL THERAPY					66
68	SPEECH PATHOLOGY					68
69	ELECTROCARDIOLOGY					69
71	MEDICAL SUPPLIES CHRGD TO PA					71
72	IMPL. DEV. CHARGED TO PATIENT					72
73	DRUGS CHARGED TO PATIENTS					73
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
91	EMERGENCY					91
92	OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS						
95	AMBULANCE SERVICES					95
200	TOTAL (SUM OF LINES 50-199)					200

PROVIDER CCN: 14-0147 RICHLAND MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2010 TO 09/30/2011

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB (OTHER)	[]	ICF/MR	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[XX]	IPF (14-S147)	[]	SNF			[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	IRF	[]	NF			[]	OTHER

COST CENTER DESCRIPTION	TOTAL	RATIO OF	O/P RATIO	INPAT PGM	INPAT PGM	O/P PGM	O/P PGM
	CHARGES	COST TO	OF COST TO				
	(FROM WKST	CHARGES	CHARGES	PGM	COSTS	COSTS	COSTS
	C, PT. I,	(COL. 5 +	(COL. 6 +		(COL. 8 x		(COL. 9 x
	COL. 8)	COL. 7)	COL. 7)	CHARGES	COL. 10)	CHARGES	COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	12,858,143						50
53 ANESTHESIOLOGY	4,976,418						53
54 RADIOLOGY-DIAGNOSTIC	7,112,392						54
56 RADIOISOTOPE	2,702,229						56
57 COMPUTED TOMOGRAPHY (CT) SCA	6,750,870						57
58 MAGNETIC RESONANCE IMAGING (	1,401,612						58
60 LABORATORY	17,084,342						60
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
64 INTRAVENOUS THERAPY	896,421						64
65 RESPIRATORY THERAPY	3,486,391						65
66 PHYSICAL THERAPY	6,322,781						66
68 SPEECH PATHOLOGY	437,639						68
69 ELECTROCARDIOLOGY	2,360,318						69
71 MEDICAL SUPPLIES CHRGD TO P	4,864,334						71
72 IMPL. DEV. CHARGED TO PATIEN	525,564						72
73 DRUGS CHARGED TO PATIENTS	10,572,492						73
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	6,839,041						91
92 OBSERVATION BEDS	1,118,506						92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES	1,621,879						95
200 TOTAL (SUM OF LINES 50-199)	90,309,493						200

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK	[]	TITLE V - O/P	[]	HOSPITAL	[]	SUB (OTHER)	[]	S/B-SNF
APPLICABLE	[]	TITLE XVIII-PT B	[XX]	IPF (14-S147)	[]	SNF	[]	S/B-NF
BOXES	[XX]	TITLE XIX - O/P	[]	IRF	[]	NF	[]	ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PROGRAM CHARGES				PROGRAM COSTS			
		PPS	COST REIMB.	COST REIMB.		COST	COST		
		REIMBURSED	SUBJECT TO	SVCES NOT		SUBJECT TO	SVCES NOT		
		SERVICES	DED & COINS	DED & COINS		SERVICES	DED & COINS	DED & COINS	
		2	3	4		5	6	7	
ANCILLARY SERVICE COST CENTERS									
50 OPERATING ROOM	0.161447								50
53 ANESTHESIOLOGY	0.031834								53
54 RADIOLOGY-DIAGNOSTIC	0.204274								54
56 RADIOISOTOPE	0.088430								56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.099707								57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.159582								58
60 LABORATORY	0.157784								60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS									62.30
64 INTRAVENOUS THERAPY	0.100708								64
65 RESPIRATORY THERAPY	0.197717								65
66 PHYSICAL THERAPY	0.295939								66
68 SPEECH PATHOLOGY	0.375881								68
69 ELECTROCARDIOLOGY	0.104943								69
71 MEDICAL SUPPLIES CHRGD TO PATI	0.323414								71
72 IMPL. DEV. CHARGED TO PATIENT	0.461864								72
73 DRUGS CHARGED TO PATIENTS	0.208391								73
76.97 CARDIAC REHABILITATION									76.97
76.98 HYPERBARIC OXYGEN THERAPY									76.98
76.99 LITHOTRIPSY									76.99
OUTPATIENT SERVICE COST CENTERS									
91 EMERGENCY	0.204571								91
92 OBSERVATION BEDS	0.392413								92
OTHER REIMBURSABLE COST CENTERS									
95 AMBULANCE SERVICES	0.717727								95
200 SUBTOTAL (SEE INSTRUCTIONS)									200
201 LESS PBP CLINIC LAB SERVICES									201
202 NET CHARGES (LINE 200 - LINE 201)									202

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[XX]	HOSPITAL (14-0147)	[]	SUB (OTHER)	[]	ICF/MR	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	IPF	[]	SNF	[]		[]	TEFRA
BOXES	[]	TITLE XIX-INPT	[]	IRF	[]	NF	[]		[]	OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS										
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)								6,285	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)								5,985	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)								94	3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)								5,891	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD								72	5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)								217	6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD								3	7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)								8	8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)								3,158	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)								72	10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)								217	11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD									12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)									13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)									14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)									15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)									16
SWING-BED ADJUSTMENT										
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD								184.15	17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD								188.27	18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD								116.26	19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD								119.75	20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)								5,609,117	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)								13,259	22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)								40,855	23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)								349	24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)								958	25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)								55,421	26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST								5,553,696	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT										
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)								3,701,163	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)								71,640	29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)								3,629,523	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)								1.500527	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 + LINE 3)								762.13	32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 + LINE 4)								616.11	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)								146.02	34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)								219.11	35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)								20,596	36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)								5,533,100	37

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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WORKSHEET D-1
PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0147) [] SUB (OTHER)
APPLICABLE [XX] TITLE XVIII-PT A [] IPF
BOXES [] TITLE XIX-INPT [] IRF

[XX] PPS
[] TEFRA
[] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 927.94 38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 2,930,435 39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 2,930,435 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5	
--	---------------------------------	---------------------------------	--	----------------------	--	--

42 NURSERY (TITLES V AND XIX ONLY) 42

43	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	1,677,992	1,435	1,169.33	1,311	1,532,992 43
44	CORONARY CARE UNIT					44
45	BURN INTENSIVE CARE UNIT					45
46	SURGICAL INTENSIVE CARE UNIT					46
47	OTHER SPECIAL CARE (SPECIFY)					47
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					3,177,164 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					7,640,591 49

PASS-THROUGH COST ADJUSTMENTS
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 319,272 50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 192,595 51
52 TOTAL PROGRAM EXCLUDABLE COST 511,867 52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL
EDUCATION COSTS (LINE 49 MINUS LINE 52) 7,128,724 53

TARGET AMOUNT AND LIMIT COMPUTATION
54 PROGRAM DISCHARGES 54
55 TARGET AMOUNT PER DISCHARGE 55
56 TARGET AMOUNT (LINE 54 x LINE 55) 56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT 57
58 BONUS PAYMENT (SEE INSTRUCTIONS) 58
59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY
BASKET 59
60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET 60
61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O
COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E 61
62 RELIEF PAYMENT (SEE INSTRUCTIONS) 62
63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS) 63

PROGRAM INPATIENT ROUTINE SWING BED COST
64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU
(TITLE XVIII ONLY) 13,259 64
65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCT
(TITLE XVIII ONLY) 40,855 65
66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS) 54,114 66
67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD 67
(LINE 12 x LINE 19)
68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD 68
(LINE 13 x LINE 20)
69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68) 69

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 473 87
88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2) 927.94 88
89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 438,916 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	422,860	5,553,696	0.076140	438,916	33,419	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[]	ICF/MR	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[XX]	IPF (14-S147)	[]	SNF			[]	TEFRA
BOXES	[]	TITLE XIX-INPT	[]	IRF	[]	NF			[]	OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS		
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	2,873 1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,873 2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	565 3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,308 4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	797 9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	16
SWING-BED ADJUSTMENT		
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	1,986,288 21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)	22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)	23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)	24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)	25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1,986,288 27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,784,721 28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	522,625 29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,262,096 30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.713281 31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)	925.00 32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	980.11 33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)	34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)	35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)	36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	1,986,288 37

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (14-S147)
 BOXES [] TITLE XIX-INPT [] IRF

[XX] PPS
 [] TEFRA
 [] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	691.36 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	551,014 39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	551,014 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	81,476 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	632,490 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	25,719 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	3,038 51
52	TOTAL PROGRAM EXCLUDABLE COST	28,757 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	603,733 53
TARGET AMOUNT AND LIMIT COMPUTATION		
54	PROGRAM DISCHARGES	54
55	TARGET AMOUNT PER DISCHARGE	55
56	TARGET AMOUNT (LINE 54 x LINE 55)	56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58	BONUS PAYMENT (SEE INSTRUCTIONS)	58
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET	59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E	61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[]	ICF/MR	[XX]	PFS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	IPF	[XX]	SNF (14-5580)			[]	TEFRA
BOXES	[]	TITLE XIX-INPT	[]	IRF	[]	NF			[]	OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS									
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)							9,299	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)							9,299	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)								3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							9,299	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD								5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)								6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD								7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)								8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)							2,785	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)								10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)								11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD								12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)								13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)								14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)								15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)								16
SWING-BED ADJUSTMENT									
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD								17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD								18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD								19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD								20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)							2,772,443	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)								22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)								23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)								24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)								25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)								26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST							2,772,443	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT									
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)							1,805,275	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)								29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							1,805,275	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)							1.535746	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 + LINE 3)								32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 + LINE 4)							194.14	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)								34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)								35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)								36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)							2,772,443	37

PROVIDER CCN: 14-0147 RICHLAND MEMORIAL HOSPITAL
PERIOD FROM 10/01/2010 TO 09/30/2011

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[]	ICF/MR	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	IPF	[XX]	SNF (14-5580)			[]	TEFRA
BOXES	[]	TITLE XIX-INPT	[]	IRF	[]	NF			[]	OTHER

PART III - SKILLED NURSING FACILITY, NURSING FACILITY AND ICF/MR ONLY

70	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COSTS (LINE 37)	2,772,443	70
71	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (LINE 70 ÷ LINE 2)	298.14	71
72	PROGRAM ROUTINE SERVICE COST (LINE 9 × LINE 71)	830,320	72
73	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM (LINE 14 × LINE 35)		73
74	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS (LINE 72 + LINE 73)	830,320	74
75	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS (FROM WKST B, PART II, COL. 26, LINE 45)		75
76	PER DIEM CAPITAL-RELATED COSTS (LINE 75 ÷ LINE 2)		76
77	PROGRAM CAPITAL-RELATED COSTS (LINE 9 × LINE 76)		77
78	INPATIENT ROUTINE SERVICE COST (LINE 74 MINUS LINE 77)		78
79	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS (FROM PROVIDER RECORDS)		79
80	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION (LINE 78 MINUS LINE 79)		80
81	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		81
82	INPATIENT ROUTINE SERVICE COST LIMITATION (LINE 9 × LINE 81)		82
83	REASONABLE INPATIENT ROUTINE SERVICE COSTS (SEE INSTRUCTIONS)	830,320	83
84	PROGRAM INPATIENT ANCILLARY SERVICES (SEE INSTRUCTIONS)	894,167	84
85	UTILIZATION REVIEW--PHYSICIAN COMPENSATION (SEE INSTRUCTIONS)		85
86	TOTAL PROGRAM INPATIENT OPERATING COSTS (SUM OF LINES 83 THROUGH 85)	1,724,487	86

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[XX]	HOSPITAL (14-0147)	[]	SUB (OTHER)	[]	ICF/MR	[XX]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	IPF	[]	SNF			[]	TEFRA
BOXES	[XX]	TITLE XIX-INPT	[]	IRF	[]	NF			[]	OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS		
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	6,285 1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,985 2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	94 3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,891 4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	72 5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	217 6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	3 7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	8 8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,033 9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	676 15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	457 16
SWING-BED ADJUSTMENT		
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	184.15 17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	188.27 18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	116.26 19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	119.75 20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	5,609,117 21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)	13,259 22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)	40,855 23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)	349 24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)	958 25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	55,421 26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	5,553,696 27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,701,163 28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	71,640 29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,629,523 30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	1.500527 31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 + LINE 3)	762.13 32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 + LINE 4)	616.11 33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)	146.02 34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)	219.11 35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)	20,596 36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	5,533,100 37

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0147) [] SUB (OTHER)
 APPLICABLE [] TITLE XVIII-PT A [] IPF
 BOXES [XX] TITLE XIX-INPT [] IRF

[XX] PPS
 [] TEFRA
 [] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

38	PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS					
39	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)				927.94	38
40	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)				958,562	39
41	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)					40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)				958,562	41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5	
42	NURSERY (TITLES V AND XIX ONLY)	400,396	676	592.30	457	270,681 42
43	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
44	INTENSIVE CARE UNIT	1,677,992	1,435	1,169.33	20	23,387 43
45	CORONARY CARE UNIT					44
46	BURN INTENSIVE CARE UNIT					45
47	SURGICAL INTENSIVE CARE UNIT					46
48	OTHER SPECIAL CARE (SPECIFY)					47
49	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					941,042 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					2,193,672 49
50	PASS-THROUGH COST ADJUSTMENTS					
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)					85,829 50
52	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)					70,169 51
53	TOTAL PROGRAM EXCLUDABLE COST					155,998 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)					2,037,674 53

54	TARGET AMOUNT AND LIMIT COMPUTATION					
55	PROGRAM DISCHARGES					54
56	TARGET AMOUNT PER DISCHARGE					55
57	TARGET AMOUNT (LINE 54 x LINE 55)					56
58	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT					57
59	BONUS PAYMENT (SEE INSTRUCTIONS)					58
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET					59
61	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET					60
62	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E					61
63	RELIEF PAYMENT (SEE INSTRUCTIONS)					62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)					63

64	PROGRAM INPATIENT ROUTINE SWING BED COST					
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)					64
66	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUC (TITLE XVIII ONLY)					65
67	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)					66
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)					67
69	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)					68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)					69

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS)					473 87
88	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2)					88
89	OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS)					89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5
90	CAPITAL-RELATED COST				90
91	NURSING SCHOOL COST				91
92	ALLIED HEALTH COST				92
93	ALL OTHER MEDICAL EDUCATION				93

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[]	ICF/MR	[XX]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[XX]	IPF (14-S147)	[]	SNF			[]	TEFRA
BOXES	[XX]	TITLE XIX-INPT	[]	IRF	[]	NF			[]	OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS										
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)								2,873	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)								2,873	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)								565	3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)								2,308	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD									5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)									6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD									7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)									8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)								1,026	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)									10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)									11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD									12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)									13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)									14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)									15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)									16
SWING-BED ADJUSTMENT										
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD									17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD									18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD									19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD									20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)								1,986,288	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)									22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)									23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)									24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)									25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)									26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST								1,986,288	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT										
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)								2,784,721	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)								522,625	29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)								2,262,096	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)								0.713281	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 + LINE 3)								925.00	32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 + LINE 4)								980.11	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)									34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)									35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)									36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)								1,986,288	37

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [] TITLE XVIII-PT A [XX] IPF (14-S147)
 BOXES [XX] TITLE XIX-INPT [] IRF

[XX] PPS
 [] TEFRA
 [] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

38	PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS	
39	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	691.36 38
40	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	709,335 39
41	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
42	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	709,335 41
43	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	48
44	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	709,335 49
50	PASS-THROUGH COST ADJUSTMENTS	
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	33,109 50
52	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	51
53	TOTAL PROGRAM EXCLUDABLE COST	33,109 52
54	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	676,226 53
55	TARGET AMOUNT AND LIMIT COMPUTATION	
56	PROGRAM DISCHARGES	54
57	TARGET AMOUNT PER DISCHARGE	55
58	TARGET AMOUNT (LINE 54 x LINE 55)	56
59	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
60	BONUS PAYMENT (SEE INSTRUCTIONS)	58
61	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET	59
62	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
63	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E	61
64	RELIEF PAYMENT (SEE INSTRUCTIONS)	62
65	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
66	PROGRAM INPATIENT ROUTINE SWING BED COST	
67	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)	64
68	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)	65
69	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
70	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
71	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
72	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

PROVIDER CCN: 14-0147 RICHLAND MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2010 TO 09/30/2011

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 03/12/2012 10:04

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0147)	[]	SUB (OTHER)	[]	S/B SNF	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	IPF	[]	SNF	[]	S/B NF	[]	TEFRA
BOXES	[]	TITLE XIX	[]	IRF	[]	NF	[]	ICF/MR	[]	OTHER

COST CENTER DESCRIPTION		RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS					
30	ADULTS & PEDIATRICS		2,403,510		30
31	INTENSIVE CARE UNIT		1,498,880		31
40	SUBPROVIDER - IPF				40
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	0.161447	1,035,073	167,109	50
53	ANESTHESIOLOGY	0.031834	284,323	9,051	53
54	RADIOLOGY-DIAGNOSTIC	0.204274	1,169,866	238,973	54
56	RADIOISOTOPE	0.088430	165,154	14,605	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	0.099707	986,262	98,337	57
58	MAGNETIC RESONANCE IMAGING (MRI)	0.159582	116,371	18,571	58
60	LABORATORY	0.157784	3,920,405	618,577	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
64	INTRAVENOUS THERAPY	0.100708	333,475	33,584	64
65	RESPIRATORY THERAPY	0.197717	1,950,904	385,727	65
66	PHYSICAL THERAPY	0.295939	623,842	184,619	66
68	SPEECH PATHOLOGY	0.375881	80,645	30,313	68
69	ELECTROCARDIOLOGY	0.104943	336,548	35,318	69
71	MEDICAL SUPPLIES CHRGD TO PATI	0.323414	1,020,659	330,095	71
72	IMPL. DEV. CHARGED TO PATIENT	0.461864	67,807	31,318	72
73	DRUGS CHARGED TO PATIENTS	0.208391	3,660,644	762,845	73
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
91	EMERGENCY	0.204571	926,448	189,524	91
92	OBSERVATION BEDS	0.392413	72,878	28,598	92
OTHER REIMBURSABLE COST CENTERS					
95	AMBULANCE SERVICES				95
200	TOTAL (SUM OF LINES 50-94 AND 96-98)		16,751,304	3,177,164	200
201	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202	NET CHARGES (LINE 200 MINUS LINE 201)		16,751,304		202

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INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB (OTHER)	[]	S/B SNF	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[XX]	IPF (14-S147)	[]	SNF	[]	S/B NF	[]	TEFRA
BOXES	[]	TITLE XIX	[]	IRF	[]	NF	[]	ICF/MR	[]	OTHER

COST CENTER DESCRIPTION		RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS					
30	ADULTS & PEDIATRICS				30
31	INTENSIVE CARE UNIT				31
40	SUBPROVIDER - IPF		735,920		40
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	0.161447			50
53	ANESTHESIOLOGY	0.031834			53
54	RADIOLOGY-DIAGNOSTIC	0.204274	8,443	1,725	54
56	RADIOISOTOPE	0.088430			56
57	COMPUTED TOMOGRAPHY (CT) SCAN	0.099707	11,582	1,155	57
58	MAGNETIC RESONANCE IMAGING (MRI)	0.159582			58
60	LABORATORY	0.157784	61,276	9,668	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
64	INTRAVENOUS THERAPY	0.100708	147	15	64
65	RESPIRATORY THERAPY	0.197717	18,750	3,707	65
66	PHYSICAL THERAPY	0.295939	1,136	336	66
68	SPEECH PATHOLOGY	0.375881			68
69	ELECTROCARDIOLOGY	0.104943	1,993	209	69
71	MEDICAL SUPPLIES CHRGD TO PATI	0.323414	6,093	1,971	71
72	IMPL. DEV. CHARGED TO PATIENT	0.461864			72
73	DRUGS CHARGED TO PATIENTS	0.208391	261,033	54,397	73
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
91	EMERGENCY	0.204571	40,537	8,293	91
92	OBSERVATION BEDS	0.392413			92
OTHER REIMBURSABLE COST CENTERS					
95	AMBULANCE SERVICES				95
200	TOTAL (SUM OF LINES 50-94 AND 96-98)		410,990	81,476	200
201	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202	NET CHARGES (LINE 200 MINUS LINE 201)		410,990		202

PROVIDER CCN: 14-0147 RICHLAND MEMORIAL HOSPITAL
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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB (OTHER)	[XX]	S/B SNF (14-U147)	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	IPF	[]	SNF	[]	S/B NF	[]	TEFRA
BOXES	[]	TITLE XIX	[]	IRF	[]	NF	[]	ICF/MR	[]	OTHER

COST CENTER DESCRIPTION		RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS					
30	ADULTS & PEDIATRICS				30
31	INTENSIVE CARE UNIT				31
40	SUBPROVIDER - IPF				40
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	0.161447			50
53	ANESTHESIOLOGY	0.031834			53
54	RADIOLOGY-DIAGNOSTIC	0.204274	17,748	3,625	54
56	RADIOISOTOPE	0.088430			56
57	COMPUTED TOMOGRAPHY (CT) SCAN	0.099707	13,158	1,312	57
58	MAGNETIC RESONANCE IMAGING (MRI	0.159582			58
60	LABORATORY	0.157784	47,847	7,549	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
64	INTRAVENOUS THERAPY	0.100708	14,245	1,435	64
65	RESPIRATORY THERAPY	0.197717	90,883	17,969	65
66	PHYSICAL THERAPY	0.295939	99,405	29,418	66
68	SPEECH PATHOLOGY	0.375881	4,035	1,517	68
69	ELECTROCARDIOLOGY	0.104943	1,246	131	69
71	MEDICAL SUPPLIES CHRGD TO PATI	0.323414	30,575	9,888	71
72	IMPL. DEV. CHARGED TO PATIENT	0.461864			72
73	DRUGS CHARGED TO PATIENTS	0.208391	178,098	37,114	73
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
91	EMERGENCY	0.204571			91
92	OBSERVATION BEDS	0.392413			92
OTHER REIMBURSABLE COST CENTERS					
95	AMBULANCE SERVICES				95
200	TOTAL (SUM OF LINES 50-94 AND 96-98)		497,240	109,958	200
201	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202	NET CHARGES (LINE 200 MINUS LINE 201)		497,240		202

PROVIDER CCN: 14-0147 RICHLAND MEMORIAL HOSPITAL
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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB (OTHER)	[]	S/B SNF	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	IPF	[XX]	SNF (14-5580)	[]	S/B NF	[]	TEFRA
BOXES	[]	TITLE XIX	[]	IRF	[]	NF	[]	ICF/MR	[]	OTHER

COST CENTER DESCRIPTION		RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS					
30	ADULTS & PEDIATRICS				30
31	INTENSIVE CARE UNIT				31
40	SUBPROVIDER - IPF				40
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	0.161447			50
53	ANESTHESIOLOGY	0.031834			53
54	RADIOLOGY-DIAGNOSTIC	0.204274	76,739	15,676	54
56	RADIOISOTOPE	0.088430	23,217	2,053	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	0.099707	33,054	3,296	57
58	MAGNETIC RESONANCE IMAGING (MRI)	0.159582	3,170	506	58
60	LABORATORY	0.157784	212,008	33,451	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
64	INTRAVENOUS THERAPY	0.100708	36,183	3,644	64
65	RESPIRATORY THERAPY	0.197717	458,876	90,728	65
66	PHYSICAL THERAPY	0.295939	1,644,155	486,570	66
68	SPEECH PATHOLOGY	0.375881	109,464	41,145	68
69	ELECTROCARDIOLOGY	0.104943	10,196	1,070	69
71	MEDICAL SUPPLIES CHRGD TO PATI	0.323414	129,149	41,769	71
72	IMPL. DEV. CHARGED TO PATIENT	0.461864			72
73	DRUGS CHARGED TO PATIENTS	0.208391	836,214	174,259	73
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
91	EMERGENCY	0.204571			91
92	OBSERVATION BEDS	0.392413			92
OTHER REIMBURSABLE COST CENTERS					
95	AMBULANCE SERVICES				95
200	TOTAL (SUM OF LINES 50-94 AND 96-98)		3,572,425	894,167	200
201	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202	NET CHARGES (LINE 200 MINUS LINE 201)		3,572,425		202

PROVIDER CCN: 14-0147 RICHLAND MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2010 TO 09/30/2011

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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VERSION: 2011.10
 03/12/2012 10:04

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0147)	[]	SUB (OTHER)	[]	S/B SNF	[XX]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	IPF	[]	SNF	[]	S/B NF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	IRF	[]	NF	[]	ICF/MR	[]	OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		739,796			30
31 INTENSIVE CARE UNIT		26,560			31
40 SUBPROVIDER - IPF					40
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.161447	1,984,610	320,409		50
53 ANESTHESIOLOGY	0.031834	254,882	8,114		53
54 RADIOLOGY-DIAGNOSTIC	0.204274	127,888	26,124		54
56 RADIOISOTOPE	0.088430	15,555	1,376		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.099707	126,283	12,591		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.159582	3,170	506		58
60 LABORATORY	0.157784	739,837	116,734		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
64 INTRAVENOUS THERAPY	0.100708	164,243	16,541		64
65 RESPIRATORY THERAPY	0.197717	171,093	33,828		65
66 PHYSICAL THERAPY	0.295939	71,218	21,076		66
68 SPEECH PATHOLOGY	0.375881	684	257		68
69 ELECTROCARDIOLOGY	0.104943	110,910	11,639		69
71 MEDICAL SUPPLIES CHRGD TO PATI	0.323414	631,684	204,295		71
72 IMPL. DEV. CHARGED TO PATIENT	0.461864	24,121	11,141		72
73 DRUGS CHARGED TO PATIENTS	0.208391	728,222	151,755		73
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	0.204571	5,509	1,127		91
92 OBSERVATION BEDS	0.392413	8,992	3,529		92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES					95
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		5,168,901	941,042		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		5,168,901			202

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WORKSHEET D-3

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB (OTHER)	[]	S/B SNF	[XX]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[XX]	IPF (14-S147)	[]	SNF	[]	S/B NF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	IRF	[]	NF	[]	ICF/MR	[]	OTHER

COST CENTER DESCRIPTION		RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS					
30	ADULTS & PEDIATRICS				30
31	INTENSIVE CARE UNIT				31
40	SUBPROVIDER - IPF				40
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	0.161447			50
53	ANESTHESIOLOGY	0.031834			53
54	RADIOLOGY-DIAGNOSTIC	0.204274			54
56	RADIOISOTOPE	0.088430			56
57	COMPUTED TOMOGRAPHY (CT) SCAN	0.099707			57
58	MAGNETIC RESONANCE IMAGING (MRI)	0.159582			58
60	LABORATORY	0.157784			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
64	INTRAVENOUS THERAPY	0.100708			64
65	RESPIRATORY THERAPY	0.197717			65
66	PHYSICAL THERAPY	0.295939			66
68	SPEECH PATHOLOGY	0.375881			68
69	ELECTROCARDIOLOGY	0.104943			69
71	MEDICAL SUPPLIES CHRGD TO PATI	0.323414			71
72	IMPL. DEV. CHARGED TO PATIENT	0.461864			72
73	DRUGS CHARGED TO PATIENTS	0.208391			73
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
91	EMERGENCY	0.204571			91
92	OBSERVATION BEDS	0.392413			92
OTHER REIMBURSABLE COST CENTERS					
95	AMBULANCE SERVICES				95
200	TOTAL (SUM OF LINES 50-94 AND 96-98)				200
201	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202	NET CHARGES (LINE 200 MINUS LINE 201)				202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

CHECK [XX] HOSPITAL (14-0147)
 APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	4,851,667	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	9,950	2
3	MANAGED CARE SIMULATED PAYMENTS		3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	44.88	4
5	INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS		
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)		5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)		6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(1)		7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.		8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)		8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)		9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR		13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO		14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3		15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM		16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		17
18	ADJUSTED ROLLING AVERAGE FTE COUNT		18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)		19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)		21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)		22
23	INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON		
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)		23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)		25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)		26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)		27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)		28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)		29
30	DISPROPORTIONATE SHARE ADJUSTMENT		
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0385	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.2203	31
32	SUM OF LINES 30 AND 31	0.2588	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.1057	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	512,821	34
40	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		41
42	DIVIDE LINE 41 BY LINE 40 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		43
44	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (LINE 43 DIVIDED BY LINE 41 DIVIDED BY 7 DAYS)		44
45	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)		45
46	TOTAL ADDITIONAL PAYMENT (LINE 45 TIMES LINE 44 TIMES LINE 41)		46
47	SUBTOTAL (SEE INSTRUCTIONS)	5,374,438	47
48	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY (SEE INSTRUCTIONS)	5,653,836	48
49	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	5,583,987	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	389,288	50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL (14-0147)
APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)		52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)		55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS		57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)		58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	5,973,275	59
60	PRIMARY PAYER PAYMENTS	863	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	5,972,412	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	777,552	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	4,245	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	370,499	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	259,349	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	342,921	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	5,449,964	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		70
70.96	LOW VOLUME PAYMENT ADJUSTMENT - 1	500,746	70.96
71	AMOUNT DUE PROVIDER (LINE 67 MINUS LINE 68 PLUS/MINUS LINES 69 AND 70)	5,950,710	71
72	INTERIM PAYMENTS	5,768,901	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	181,809	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	89,000	75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

CHECK APPLICABLE BOX: [XX] HOSPITAL (14-0147) [] IPF [] IRF
[] SUB (OTHER) [] SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	879	1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPS (SEE INSTRUCTIONS)	2,590,858	2
3	PPS PAYMENTS	2,665,284	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)	0.810	5
6	LINE 2 TIMES LINE 5	2,098,595	6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)	879	11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES	4,217	12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)	4,217	14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	4,217	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))	3,338	19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)	879	21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)	2,665,284	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	701,072	26
27	SUBTOTAL { (LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23 } (SEE INSTRUCTIONS)	1,965,091	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)	1,965,091	30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	1,965,091	32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	242,470	34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	169,729	35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	224,059	36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)	2,134,820	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)	2,134,820	40
41	INTERIM PAYMENTS	2,067,125	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)	67,695	43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

CHECK APPLICABLE BOX: ☐ HOSPITAL ☒ IPF (14-S147) ☐ IRF
 ☐ SUB (OTHER) ☐ SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPS (SEE INSTRUCTIONS)	2
3	PPS PAYMENTS	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)	4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)	5
6	LINE 2 TIMES LINE 5	6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6	7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200	9
10	ORGAN ACQUISITION	10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)	11
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
12	ANCILLARY SERVICE CHARGES	12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)	13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)	14
	CUSTOMARY CHARGES	
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000 17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))	19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))	20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)	21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)	23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)	28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)	29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)	30
31	PRIMARY PAYER PAYMENTS	31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)	33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R	38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)	40
41	INTERIM PAYMENTS	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)	42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)	43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	44
	TO BE COMPLETED BY CONTRACTOR	
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	93
94	TOTAL (SUM OF LINES 91 AND 93)	94

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

CHECK APPLICABLE BOX: [] HOSPITAL [] IPF [] IRF
[] SUB (OTHER) [XX] SNF (14-5580)

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPS (SEE INSTRUCTIONS)	2
3	PPS PAYMENTS	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)	4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)	5
6	LINE 2 TIMES LINE 5	6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6	7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200	9
10	ORGAN ACQUISITION	10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)	11
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
12	ANCILLARY SERVICE CHARGES	12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)	13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)	14
	CUSTOMARY CHARGES	
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))	19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))	20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)	21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)	23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)	28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)	29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)	30
31	PRIMARY PAYER PAYMENTS	31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)	33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R	38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)	40
41	INTERIM PAYMENTS	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)	42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)	43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	44
	TO BE COMPLETED BY CONTRACTOR	
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	93
94	TOTAL (SUM OF LINES 91 AND 93)	94

PROVIDER CCN: 14-0147 RICHLAND MEMORIAL HOSPITAL
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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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VERSION: 2011.10
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
PART I

CHECK	[XX]	HOSPITAL (14-0147)	[]	SUB (OTHER)	INPATIENT			
APPLICABLE	[]	IPF	[]	SNF	PART A		PART B	
BOX:	[]	IRF	[]	SWING BED SNF				
					MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
					1	2	3	4
DESCRIPTION								
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER						5,716,412		2,072,799
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.						NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					.01	04/01/2011		NONE
					.02			
					.03			
					.04			
					.05			
					.06			
					.07			
					.08			
					.09			
					.50	NONE	04/01/2011	5,674
					.51			
					.52			
					.53			
					.54			
					.55			
					.56			
					.57			
					.58			
					.59			
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)					.99	52,489		-5,674
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)						5,768,901		2,067,125
								4
					TO BE COMPLETED BY CONTRACTOR			
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					.01	NONE		NONE
					.02			
					.03			
					.04			
					.05			
					.06			
					.07			
					.08			
					.09			
					.50	NONE		NONE
					.51			
					.52			
					.53			
					.54			
					.55			
					.56			
					.57			
					.58			
					.59			
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					.99			
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT					.01			67,695
					.02	-5,768,901		
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)								2,134,820
8 NAME OF CONTRACTOR:						CONTRACTOR NUMBER:		DATE:

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
PART I

CHECK [] HOSPITAL [] SUB (OTHER)
APPLICABLE [XX] IPF (14-S147) [] SNF
BOX: [] IRF [] SWING BED SNF

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		497,945		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE	NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.				
	PROGRAM .01	NONE	NONE	3.01
	TO .02			3.02
	PROVIDER .03			3.03
	TO .04			3.04
	PROVIDER .05			3.05
	.06			3.06
	.07			3.07
	.08			3.08
	.09			3.09
	.50	NONE	NONE	3.50
	.51			3.51
	PROVIDER .52			3.52
	TO .53			3.53
	PROGRAM .54			3.54
	.55			3.55
	.56			3.56
	.57			3.57
	.58			3.58
	.59			3.59
	.99			3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)				
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		497,945		4
TO BE COMPLETED BY CONTRACTOR				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.				
	PROGRAM .01	NONE	NONE	5.01
	TO .02			5.02
	PROVIDER .03			5.03
	.04			5.04
	.05			5.05
	.06			5.06
	.07			5.07
	.08			5.08
	.09			5.09
	PROVIDER .50	NONE	NONE	5.50
	TO .51			5.51
	PROGRAM .52			5.52
	.53			5.53
	.54			5.54
	.55			5.55
	.56			5.56
	.57			5.57
	.58			5.58
	.59			5.59
	.99			5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)				
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT				
	PROGRAM .01	8,065		6.01
	TO .02			
	PROVIDER .02			6.02
	TO .02			
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		506,010		7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:	DATE:	

PROVIDER CCN: 14-0147 RICHLAND MEMORIAL HOSPITAL
PERIOD FROM 10/01/2010 TO 09/30/2011

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
03/12/2012 10:04

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
PART I

CHECK	[]	HOSPITAL	[]	SUB (OTHER)	INPATIENT				
APPLICABLE	[]	IPF	[]	SNF	PART A		PART B		
BOX:	[]	IRF	[XX]	SWING BED SNF (14-U147)					
					MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT	
DESCRIPTION					1	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER						82,407			1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.						NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.						NONE		NONE	3.01
									3.02
				PROGRAM	.03				3.03
				TO	.04				3.04
				PROVIDER	.05				3.05
					.06				3.06
					.07				3.07
					.08				3.08
					.09				3.09
					.50	NONE		NONE	3.50
					.51				3.51
				PROVIDER	.52				3.52
				TO	.53				3.53
				PROGRAM	.54				3.54
					.55				3.55
					.56				3.56
					.57				3.57
					.58				3.58
					.59				3.59
					.99				3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)									
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)						82,407			4
TO BE COMPLETED BY CONTRACTOR									
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.						NONE		NONE	5.01
									5.02
				PROGRAM	.01				5.03
				TO	.02				5.04
				PROVIDER	.03				5.05
					.04				5.06
					.05				5.07
					.06				5.08
					.07				5.09
					.08				5.10
					.09				5.11
				PROVIDER	.50	NONE		NONE	5.50
				TO	.51				5.51
				PROGRAM	.52				5.52
					.53				5.53
					.54				5.54
					.55				5.55
					.56				5.56
					.57				5.57
					.58				5.58
					.59				5.59
					.99				5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)									
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT						2,750			6.01
				PROGRAM	.01				6.02
				TO	.02				6.03
				PROVIDER					6.04
				TO					6.05
				PROGRAM					6.06
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)						85,157			7
8 NAME OF CONTRACTOR:						CONTRACTOR NUMBER:		DATE:	

PROVIDER CCN: 14-0147 RICHLAND MEMORIAL HOSPITAL
PERIOD FROM 10/01/2010 TO 09/30/2011

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
PART I

CHECK ☐ HOSPITAL ☐ SUB (OTHER)
APPLICABLE ☐ IPF ☐ SNF (14-5580)
BOX: ☐ IRF ☐ SWING BED SNF

DESCRIPTION	INPATIENT		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,060,692		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE	NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.				
	PROGRAM .01	NONE	NONE	3.01
	TO .02			3.02
	PROVIDER .03			3.03
	TO .04			3.04
	PROVIDER .05			3.05
	.06			3.06
	.07			3.07
	.08			3.08
	.09			3.09
	.50	NONE	NONE	3.50
	.51			3.51
	PROVIDER .52			3.52
	TO .53			3.53
	PROGRAM .54			3.54
	.55			3.55
	.56			3.56
	.57			3.57
	.58			3.58
	.59			3.59
	.99			3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)				
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		1,060,692		4
TO BE COMPLETED BY CONTRACTOR				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.				
	PROGRAM .01	NONE	NONE	5.01
	TO .02			5.02
	PROVIDER .03			5.03
	.04			5.04
	.05			5.05
	.06			5.06
	.07			5.07
	.08			5.08
	.09			5.09
	PROVIDER .50	NONE	NONE	5.50
	TO .51			5.51
	PROGRAM .52			5.52
	.53			5.53
	.54			5.54
	.55			5.55
	.56			5.56
	.57			5.57
	.58			5.58
	.59			5.59
	.99			5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)				
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT				
	PROGRAM TO .01			6.01
	PROVIDER PROVIDER TO .02			6.02
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		1,060,692		7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:	DATE:	

PROVIDER CCN: 14-0147 RICHLAND MEMORIAL HOSPITAL
PERIOD FROM 10/01/2010 TO 09/30/2011

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK [XX] HOSPITAL (14-0147) [] CAH
APPLICABLE BOX

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA \$4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	2,078 1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	4,469 2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	3 3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	6,947 4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	108,223,038 5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	6,714,338 6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168	7 7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)	8 8
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30	INITIAL/INTERIM HIT PAYMENT(S)	30 30
31	OTHER ADJUSTMENTS (SPECIFY)	31 31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)	32 32

PROVIDER CCN: 14-0147 RICHLAND MEMORIAL HOSPITAL
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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

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CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS

WORKSHEET E-2

CHECK [] TITLE V [XX] SWING BED - SNF (14-U147)
 APPLICABLE [XX] TITLE XVIII [] SWING BED - NF
 BOXES [] TITLE XIX

COMPUTATION OF NET COST OF COVERED SERVICES

	PART A 1	PART B 2
1 INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTRUCTIONS)	88,998	1
2 INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTRUCTIONS)		2
3 ANCILLARY SERVICES (FROM WKST D-3, COL. 3, LINE 200 FOR PART A, AND SUM OF WKST D, PART V, COLS. 5 AND 7, LINE 202 FOR PART B) (FOR CAH, SEE INSTRUCTIONS)		3
4 PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		4
5 PROGRAM DAYS	289	5
6 INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		6
7 UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		7
8 SUBTOTAL (SUM OF LINES 1-3 PLUS LINES 6 AND 7)	88,998	8
9 PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		9
10 SUBTOTAL (LINE 8 MINUS LINE 9)	88,998	10
11 DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		11
12 SUBTOTAL (LINE 10 MINUS LINE 11)	88,998	12
13 COINSURANCE BILLED TO PROGRAM PATIENTS (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	6,591	13
14 80% OF PART B COSTS (LINE 12 x 80%)		14
15 SUBTOTAL (ENTER THE LESSER OF LINE 12 MINUS LINE 13, OR LINE 14)	82,407	15
16 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		16
17 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	2,750	17
18 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		18
19 TOTAL (SUM OF LINES 15 AND 17 PLUS/MINUS LINE 16)	85,157	19
20 INTERIM PAYMENTS	82,407	20
21 TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		21
22 BALANCE DUE PROVIDER/PROGRAM (LINE 19 MINUS THE SUM OF LINES 20 AND 21)	2,750	22
23 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2		23

PROVIDER CCN: 14-0147 RICHLAND MEMORIAL HOSPITAL
PERIOD FROM 10/01/2010 TO 09/30/2011

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART II

CHECK [] HOSPITAL
APPLICABLE BOX: [XX] IPF (14-S147)

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS)	623,996	1
2	NET IPF PPS OUTLIER PAYMENT		2
3	NET IPF PPS ECT PAYMENT		3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		4
5	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		5
6	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		7
8	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		8
9	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	7.871233	9
10	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 8/LINE 9})) \text{ RAISED TO THE POWER OF } .5150 - 1\}$		10
11	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 10)		11
12	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1, 2, 3 AND 11)	623,996	12
13	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		13
14	ORGAN ACQUISITION		14
15	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		15
16	SUBTOTAL (SEE INSTRUCTIONS)	623,996	16
17	PRIMARY PAYER PAYMENTS		17
18	SUBTOTAL (LINE 16 LESS LINE 17)	623,996	18
19	DEDUCTIBLES	119,889	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	504,107	20
21	COINSURANCE	6,162	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	497,945	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	11,522	23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	8,065	24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	506,010	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)		27
28	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	506,010	31
32	INTERIM PAYMENTS	497,945	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS THE SUM OF LINES 32 AND 33)	8,065	34
35	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		35

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART II, LINE 2 (SEE INSTRUCTIONS)	50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)	52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	53

PROVIDER CCN: 14-0147 RICHLAND MEMORIAL HOSPITAL
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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART VI

PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES

1	PROSPECTIVE PAYMENT AMOUNT		
2	RESOURCE UTILIZATION GROUP (RUGS) PAYMENT	1,169,121	1
3	ROUTINE SERVICE OTHER PASS THROUGH COSTS		2
4	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		3
5	SUBTOTAL (SUM OF LINES 1-3)	1,169,121	4
6	COMPUTATION OF NET COST OF COVERED SERVICES		
7	MEDICAL AND OTHER SERVICES		5
8	DEDUCTIBLES		6
9	COINSURANCE	108,429	7
10	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		8
11	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		9
12	ALLOWABLE REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		10
13	UTILIZATION REVIEW		11
14	SUBTOTAL (SUM OF LINES 4, 5 MINUS 6 & 7 PLUS 10 AND 11) (SEE INSTRUCTIONS)	1,060,692	12
15	INPATIENT PRIMARY PAYER PAYMENTS		13
16	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		14
17	SUBTOTAL (LINE 12 MINUS 13 ± LINE 14)	1,060,692	15
18	INTERIM PAYMENTS	1,060,692	16
19	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		17
20	BALANCE DUE PROVIDER/PROGRAM (LINE 15 MINUS THE SUM OF LINES 16 AND 17)		18
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		19

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

CALCULATION OF REIMBURSEMENT SETTLEMENT

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0147)	[]	SNF	[XX]	PPS
APPLICABLE	[XX]	TITLE XIX	[]	IPF	[]	NF	[]	TEFRA
BOXES:			[]	IRF	[]	ICF/MR	[]	OTHER
			[]	SUB (OTHER)				

LINE	DESCRIPTION	AMOUNT	LINE
1	COMPUTATION OF NET COST OF COVERED SERVICES		1
2	INPATIENT HOSPITAL SNF/NF SERVICES		2
3	MEDICAL AND OTHER SERVICES		3
4	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		4
5	SUBTOTAL (SUM OF LINES 1, 2 AND 3)		5
6	INPATIENT PRIMARY PAYER PAYMENTS		6
7	OUTPATIENT PRIMARY PAYER PAYMENTS		7
8	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)		8
9	COMPUTATION OF LESSER OF COST OR CHARGES		9
10	REASONABLE CHARGES		10
11	ROUTINE SERVICE CHARGES		11
12	ANCILLARY SERVICE CHARGES	5,168,901	12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE		13
14	INCENTIVE FROM TARGET AMOUNT COMPUTATION		14
15	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	5,168,901	15
16	CUSTOMARY CHARGES		16
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		18
19	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000	19
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	5,168,901	20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	5,168,901	21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))		22
23	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		23
24	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		24
25	COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)		25
26	PROSPECTIVE PAYMENT AMOUNT		26
27	OTHER THAN OUTLIER PAYMENTS		27
28	OUTLIER PAYMENTS		28
29	PROGRAM CAPITAL PAYMENTS		29
30	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		30
31	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS		31
32	SUBTOTAL (SUM OF LINES 22 THROUGH 26)		32
33	CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)		33
34	SUM OF LINES 27 AND 21		34
35	COMPUTATION OF REIMBURSEMENT SETTLEMENT		35
36	EXCESS OF REASONABLE COST (FROM LINE 18)		36
37	SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)		37
38	DEDUCTIBLES		38
39	COINSURANCE		39
40	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		40
41	UTILIZATION REVIEW		41
42	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)		42
43	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		43
44	SUBTOTAL (LINE 36 ± LINE 37)		44
45	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)		45
46	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)		46
47	INTERIM PAYMENTS		47
48	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)		48
49	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		49

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART VII

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SNF	[XX]	PPS
APPLICABLE	[XX]	TITLE XIX	[XX]	IPF (14-S147)	[]	NF	[]	TEFRA
BOXES:			[]	IRF	[]	ICF/MR	[]	OTHER
			[]	SUB (OTHER)				

PART VII - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR TITLE XIX SERVICES

COMPUTATION OF NET COST OF COVERED SERVICES	
1 INPATIENT HOSPITAL SNF/NF SERVICES	1
2 MEDICAL AND OTHER SERVICES	2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	4
5 INPATIENT PRIMARY PAYER PAYMENTS	5
6 OUTPATIENT PRIMARY PAYER PAYMENTS	6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	7
COMPUTATION OF LESSER OF COST OR CHARGES	
REASONABLE CHARGES	
8 ROUTINE SERVICE CHARGES	8
9 ANCILLARY SERVICE CHARGES	9
10 ORGAN ACQUISITION CHARGES, NET OF REVENUE	10
11 INCENTIVE FROM TARGET AMOUNT COMPUTATION	11
12 TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	12
CUSTOMARY CHARGES	
13 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	13
14 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	14
15 RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000 15
16 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	16
17 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	17
18 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	18
19 INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	19
20 COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)	20
21 COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)	21
PROSPECTIVE PAYMENT AMOUNT	
22 OTHER THAN OUTLIER PAYMENTS	22
23 OUTLIER PAYMENTS	23
24 PROGRAM CAPITAL PAYMENTS	24
25 CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)	25
26 ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS	26
27 SUBTOTAL (SUM OF LINES 22 THROUGH 26)	27
28 CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)	28
29 SUM OF LINES 27 AND 21	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT	
30 EXCESS OF REASONABLE COST (FROM LINE 18)	30
31 SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)	31
32 DEDUCTIBLES	32
33 COINSURANCE	33
34 ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	34
35 UTILIZATION REVIEW	35
36 SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)	36
37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	37
38 SUBTOTAL (LINE 36 + LINE 37)	38
39 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)	39
40 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	40
41 INTERIM PAYMENTS	41
42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	42
43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	43

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	1,756,967			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	5,825,912			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	433,211			7
8	PREPAID EXPENSES	988,318			8
9	OTHER CURRENT ASSETS	670,415			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	9,674,823			11
FIXED ASSETS					
12	LAND	39,483			12
13	LAND IMPROVEMENTS	462,487			13
14	ACCUMULATED DEPRECIATION	-458,388			14
15	BUILDINGS	23,692,382			15
16	ACCUMULATED DEPRECIATION	-15,699,468			16
17	LEASEHOLD IMPROVEMENTS				17
18	ACCUMULATED AMORTIZATION				18
19	FIXED EQUIPMENT	2,604,855			19
20	ACCUMULATED DEPRECIATION	-2,264,892			20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	14,838,958			23
24	ACCUMULATED DEPRECIATION	-10,016,361			24
25	MINOR EQUIPMENT DEPRECIABLE				25
26	ACCUMULATED DEPRECIATION				26
27	HIT DESIGNATED ASSETS				27
28	ACCUMULATED DEPRECIATION				28
29	MINOR EQUIPMENT-NONDEPRECIABLE				29
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	13,199,056			30
OTHER ASSETS					
31	INVESTMENTS	6,848,713			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	199,294			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	7,048,007			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	29,921,886			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	824,760			37
38	SALARIES, WAGES & FEES PAYABLE	1,856,508			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)	535,591			40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	1,520,592			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	4,737,451			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE	7,657,497			47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES				49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	7,657,497			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	12,394,948			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	17,526,938			52
53	SPECIFIC PURPOSE FUND BALANCE				53
54	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				54
55	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				56
57	PLANT FUND BALANCE - INVESTED IN PLANT				57
58	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				58
59	TOTAL FUND BALANCES (SUM OF LINES 52-58)	17,526,938			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	29,921,886			60

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND		SPECIFIC PURPOSE FUND		ENDOWMENT FUND		PLANT FUND		
	1	2	3	4	5	6	7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		16,399,532							1
2 NET INCOME (LOSS) (FROM WKST G-3, G-3, LINE 29)		1,127,406							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		17,526,938							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5									5
6									6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)									10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		17,526,938							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13									13
14									14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)									18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		17,526,938							19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
GENERAL INPATIENT ROUTINE CARE SERVICES				
1 HOSPITAL	5,732,507		5,732,507	1
2 SUBPROVIDER IPF	2,784,721		2,784,721	2
3 SUBPROVIDER IRF				3
5 SWING BED - SNF	101,940		101,940	5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY	1,805,275		1,805,275	7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	10,424,443		10,424,443	10
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11 INTENSIVE CARE UNIT	1,704,816		1,704,816	11
12 CORONARY CARE UNIT				12
13 BURN INTENSIVE CARE UNIT				13
14 SURGICAL INTENSIVE CARE UNIT				14
15 OTHER SPECIAL CARE (SPECIFY)				15
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	1,704,816		1,704,816	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	12,129,259		12,129,259	17
18 ANCILLARY SERVICES	31,907,992	61,750,389	93,658,381	18
19 OUTPATIENT SERVICES		3,502,714	3,502,714	19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY		2,318,923	2,318,923	22
23 AMBULANCE	90,848	1,531,031	1,621,879	23
25 ASC				25
26 HOSPICE				26
27 OTHER	1,504,732	763,791	2,268,523	27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	45,632,831	69,866,848	115,499,679	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		40,713,387	29
30 ADD (SPECIFY)			30
31			31
32			32
33			33
34 BAD DEBT EXPENSE DEDUCTED FROM REV.			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)			36
37 BAD DEBT EXP. DEDUCTED FROM REVENUE	-2,710,410		37
38 BAD DEBT EXP. DEDUCTED FROM REVENUE			38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)	-2,710,410		42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		38,002,977	43

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STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	115,499,679	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	77,593,167	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	37,906,512	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	38,002,977	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-96,465	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	166,880	6
7	INCOME FROM INVESTMENTS	83,839	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	2,556	10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	216,633	13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	236,818	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS	1,884	16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	334	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	1,597	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	150	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (PROPERTY TAX REVENUE)	361,447	24
24.01	OTHER (OTHER OPERATING REVENUE)	151,733	24.01
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	1,223,871	25
26	TOTAL (LINE 5 PLUS LINE 25)	1,127,406	26
27			27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	1,127,406	29

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7187

WORKSHEET H

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPOR- TATION (SEE INSTR.) 3	CONTRACTED/ PURCHASED SERVICES 4	OTHER COSTS 5	TOTAL (SUM OF (COLS.1-5) 6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDGS & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION (SEE INSTRUCTIONS)						4
5 ADMINISTRATIVE AND GENERAL	100,989		3,211		40,473	144,673
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE	454,498		44,284			498,782
7 PHYSICAL THERAPY			17,318			17,318
8 OCCUPATIONAL THERAPY			3,455			3,455
9 SPEECH PATHOLOGY			1,743			1,743
10 MEDICAL SOCIAL SERVICES	4,637					4,637
11 HOME HEALTH AIDE	64,886		13,166			78,052
12 SUPPLIES (SEE INSTRUCTIONS)						12
13 DRUGS						13
14 DME						14
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING						17
18 CLINIC						18
19 HEALTH PROMOTION ACTIVITIES						19
20 DAY CARE PROGRAM						20
21 HOME DELIVERED MEALS PROGRAM						21
22 HOMEMAKER SERVICE						22
23 ALL OTHERS						23
24 TOTAL (SUM OF LINES 1-23)	625,010		83,177		40,473	748,660

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7187

WORKSHEET H
 (CONTINUED)

	RECLASS- IFICATIONS 7	RECLASSIFIED TRIAL BALANCE (COL.6 + COL.7) 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION (COL.8 + COL.9) 10	
1					1
2					2
3					3
4					4
5		144,673		144,673	5
6		498,782		498,782	6
7		17,318		17,318	7
8		3,455		3,455	8
9		1,743		1,743	9
10		4,637		4,637	10
11		78,052		78,052	11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24		748,660		748,660	24

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7187

WORKSHEET H-1
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COSTS BLDG & FIXTURES	CAP REL COSTS MVBL EQUIPMENT	PLANT OPERATN & MAINT	TRANSPORT- ATION	SUBTOTAL (COLS.0-4) 4A	ADMIN & GENERAL 5	TOTAL (COLS.4A+5) 6	
	0	1	2	3	4	4A	5	6	
1	GENERAL SERVICE COST CENTER								1
2	CAPITAL RELATED-BLDGS & FIXT								2
3	CAPITAL RELATED-MOVABLE EQUIP								3
4	PLANT OPERATION & MAINTENANCE								4
5	TRANSPORTATION (SEE INSTR.)								5
6	ADMINISTRATIVE AND GENERAL	144,673				144,673	144,673		6
7	HHA REIMBURSABLE SERVICES								7
8	SKILLED NURSING CARE	498,782				498,782	119,472	618,254	8
9	PHYSICAL THERAPY	17,318				17,318	4,148	21,466	9
10	OCCUPATIONAL THERAPY	3,455				3,455	828	4,283	10
11	SPEECH PATHOLOGY	1,743				1,743	418	2,161	11
12	MEDICAL SOCIAL SERVICES	4,637				4,637	1,111	5,748	12
13	HOME HEALTH AIDE	78,052				78,052	18,696	96,748	13
14	SUPPLIES (SEE INSTRUCTIONS)								14
15	DRUGS								15
16	DME								16
17	HHA NONREIMBURSABLE SERVICES								17
18	HOME DIALYSIS AIDE SERVICES								18
19	RESPIRATORY THERAPY								19
20	PRIVATE DUTY NURSING								20
21	CLINIC								21
22	HEALTH PROMOTION ACTIVITIES								22
23	DAY CARE PROGRAM								23
24	HOME DELIVERED MEALS PROGRAM								24
25	HOMEMAKER SERVICE								25
26	ALL OTHERS								26
27	TOTAL (SUM OF LINES 1-23)	748,660				748,660		748,660	27

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7187

WORKSHEET H-1
 PART II

	CAP REL COSTS BLDG & FIXTURES (SQUARE FEET) 1	CAP REL COSTS MVBL EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDGS & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION (SEE INSTR.)							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-144,673	603,987	5
6 SKILLED NURSING CARE						498,782	6
7 PHYSICAL THERAPY						17,318	7
8 OCCUPATIONAL THERAPY						3,455	8
9 SPEECH PATHOLOGY						1,743	9
10 MEDICAL SOCIAL SERVICES						4,637	10
11 HOME HEALTH AIDE						78,052	11
12 SUPPLIES (SEE INSTRUCTIONS)							12
13 DRUGS							13
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING							17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS							23
23.50 TELEMEDICINE							23.50
24 TOTAL (SUM OF LINES 1-23)					-144,673	603,987	24
25 COST TO BE ALLOC (PER W/S H)						144,673	25
26 UNIT COST MULTIPLIER						0.239530	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7187

WORKSHEET H-2
 PART I

HHA COST CENTER	HHA	NEW CAP RE	NEW CAP RE	OTHER	EMPLOYEE B	SUBTOTAL	ADMINISTRA	MAINTENANC	
	TRIAL BALANCE 0	L COSTS-BL DG & FIXT 1	L COSTS-MV BLE EQUIP 2	CAP REL COSTS 3	ENEFITS 4	(COLS.0-4) 4A	TIVE & GEN ERAL 5	E & REPAIR S 6	
1 ADMINISTRATIVE AND GENERAL		7,907	926		34,040	42,873	5,646	11,284	1
2 SKILLED NURSING CARE	618,254				153,199	771,453	101,597		2
3 PHYSICAL THERAPY	21,466					21,466	2,827		3
4 OCCUPATIONAL THERAPY	4,283					4,283	564		4
5 SPEECH PATHOLOGY	2,161					2,161	285		5
6 MEDICAL SOCIAL SERVICES	5,748				1,563	7,311	963		6
7 HOME HEALTH AIDE	96,748				21,871	118,619	15,622		7
8 SUPPLIES									8
9 DRUGS									9
10 DME									10
11 HOME DIALYSIS AIDE SERVICES									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIES									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGRAM									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
20 TOTAL (SUM OF LINES 1-19)	748,660	7,907	926		210,673	968,166	127,504	11,284	20
21 UNIT COST MULTIPLIER: COL. 26, LINE 1 DIVIDED BY THE SUM OF COL. 26, LINE 20 MINUS COL. 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.									21

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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7187

WORKSHEET H-2
 PART I

HHA COST CENTER	OPERATION OF PLANT	LAUNDRY & LINEN SERV NG ICE	HOUSEKEEPING DIETARY	CAFETERIA	MAIN- TENANCE OF PERSONNEL	NURSING AD MINISTRATI ON	CENTRAL SE RVICES & S UPPLY	
	7	8	9	10	11	12	13	14
1 ADMINISTRATIVE AND GENERAL	7,494		9,163		22,946			1
2 SKILLED NURSING CARE								2
3 PHYSICAL THERAPY								3
4 OCCUPATIONAL THERAPY								4
5 SPEECH PATHOLOGY								5
6 MEDICAL SOCIAL SERVICES								6
7 HOME HEALTH AIDE								7
8 SUPPLIES								8
9 DRUGS								9
10 DME								10
11 HOME DIALYSIS AIDE SERVICES								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIES								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGRAM								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
20 TOTAL (SUM OF LINES 1-19)	7,494		9,163		22,946			20
21 UNIT COST MULTIPLIER: COL. 26, LINE 1 DIVIDED BY THE SUM OF COL. 26, LINE 20 MINUS COL. 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.								21

PROVIDER CCN: 14-0147 RICHLAND MEMORIAL HOSPITAL
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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7187

WORKSHEET H-2
 PART I

HHA COST CENTER		PHARMACY	MEDICAL RE SOCIAL CORDS & LI SERVICE BRARY	NONPHYSIC. NURSING ANESTHET. SCHOOL	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION		
		15	16	17	19	20	21	22	23
1	ADMINISTRATIVE AND GENERAL	316							1
2	SKILLED NURSING CARE								2
3	PHYSICAL THERAPY								3
4	OCCUPATIONAL THERAPY								4
5	SPEECH PATHOLOGY								5
6	MEDICAL SOCIAL SERVICES								6
7	HOME HEALTH AIDE								7
8	SUPPLIES								8
9	DRUGS								9
10	DME								10
11	HOME DIALYSIS AIDE SERVICES								11
12	RESPIRATORY THERAPY								12
13	PRIVATE DUTY NURSING								13
14	CLINIC								14
15	HEALTH PROMOTION ACTIVITIES								15
16	DAY CARE PROGRAM								16
17	HOME DELIVERED MEALS PROGRAM								17
18	HOMEMAKER SERVICE								18
19	ALL OTHERS								19
20	TOTAL (SUM OF LINES 1-19)	316							20
21	UNIT COST MULTIPLIER: COL. 26, LINE 1 DIVIDED BY THE SUM OF COL. 26, LINE 20 MINUS COL. 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.								21

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7187

WORKSHEET H-2
 PART I

HHA COST CENTER	SUBTOTAL (SUM OF COL. 4A-23) 24	I&R COST & POST STEP- DOWN ADJS 25	SUBTOTAL (SUM OF COL. 4A-23) 26	ALLOCATED HHA A&G (SEE PT. 2) 27	TOTAL HHA COSTS 28	
1 ADMINISTRATIVE AND GENERAL	99,722		99,722			1
2 SKILLED NURSING CARE	873,050		873,050	83,142	956,192	2
3 PHYSICAL THERAPY	24,293		24,293	2,313	26,606	3
4 OCCUPATIONAL THERAPY	4,847		4,847	462	5,309	4
5 SPEECH PATHOLOGY	2,446		2,446	233	2,679	5
6 MEDICAL SOCIAL SERVICES	8,274		8,274	788	9,062	6
7 HOME HEALTH AIDE	134,241		134,241	12,784	147,025	7
8 SUPPLIES						8
9 DRUGS						9
10 DME						10
11 HOME DIALYSIS AIDE SERVICES						11
12 RESPIRATORY THERAPY						12
13 PRIVATE DUTY NURSING						13
14 CLINIC						14
15 HEALTH PROMOTION ACTIVITIES						15
16 DAY CARE PROGRAM						16
17 HOME DELIVERED MEALS PROGRAM						17
18 HOMEMAKER SERVICE						18
19 ALL OTHERS						19
20 TOTAL (SUM OF LINES 1-19)	1,146,873		1,146,873	99,722	1,146,873	20
21 UNIT COST MULTIPLIER: COL. 26, LINE 1 DIVIDED BY THE SUM OF COL. 26, LINE 20 MINUS COL. 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.				0.095232		21

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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7187

WORKSHEET H-2
 PART II

HHA COST CENTER	NEW CAP RE L COSTS-BL DG & FIXT SQUARE FEET	NEW CAP RE L COSTS-MV BLE EQUIP DOLLAR VALUE	OTHER CAP REL COSTS NOT USED	EMPLOYEE B ENEFITS GROSS SALARIES	RECON- CILIATION 4A	ADMINISTRA TIVE & GEN ERAL ACCUM COST	MAINTENANC E & REPAIR S SQUARE FEET	OPERATION OF PLANT SQUARE FEET	
	1	2	3	4		5	6	7	
1 ADMINISTRATIVE AND GENERAL	1,333	893		100,989		42,873	1,333	1,333	1
2 SKILLED NURSING CARE				454,498		771,453			2
3 PHYSICAL THERAPY						21,466			3
4 OCCUPATIONAL THERAPY						4,283			4
5 SPEECH PATHOLOGY						2,161			5
6 MEDICAL SOCIAL SERVICES				4,637		7,311			6
7 HOME HEALTH AIDE				64,886		118,619			7
8 SUPPLIES									8
9 DRUGS									9
10 DME									10
11 HOME DIALYSIS AIDE SERVICES									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIES									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGRAM									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTAL (SUM OF LINES 1-19)	1,333	893		625,010		968,166	1,333	1,333	20
21 TOTAL COST TO BE ALLOCATED	7,907	926		210,673		127,504	11,284	7,494	21
22 UNIT COST MULTIPLIER	5.931733						8.465116		22
22 UNIT COST MULTIPLIER		1.036954		0.337071		0.131696		5.621905	22

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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7187

WORKSHEET H-2
 PART II

HHA COST CENTER	LAUNDRY & LINEN SERV NG ICE	HOUSEKEEPING HOURS OF SERVICE	DIETARY MEALS SERV 10	CAFETERIA CAFE MEALS SERV 11	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED 12	NURSING AD MINISTRATI ON DIRECT NURSING HO 13	CENTRAL SE RVICES & S UPPLY CS COSTED REQUIS 14	PHARMACY PHARM COSTED REQ 15	
1 ADMINISTRATIVE AND GENERAL		8,800		96				16,500	1
2 SKILLED NURSING CARE									2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE									7
8 SUPPLIES									8
9 DRUGS									9
10 DME									10
11 HOME DIALYSIS AIDE SERVICES									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIES									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGRAM									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTAL (SUM OF LINES 1-19)		8,800		96				16,500	20
21 TOTAL COST TO BE ALLOCATED		9,163		22,946				316	21
22 UNIT COST MULTIPLIER									22
22 UNIT COST MULTIPLIER		1.041250		239.020833				0.019152	22

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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

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WORKSHEET H-2
 PART II

HHA COST CENTER	MEDICAL RE CORDS & LI BRARY	SOCIAL SERVICE TIME SPENT	NONPHYSIC. ANESTHET. ASSIGNED TIME	NURSING SCHOOL ASSIGNED TIME	I&R SALARY & FRINGES ASSIGNED TIME	I&R PROGRAM COSTS ASSIGNED TIME	PARAMED EDUCATION ASSIGNED TIME	
	16	17	19	20	21	22	23	
1 ADMINISTRATIVE AND GENERAL								1
2 SKILLED NURSING CARE								2
3 PHYSICAL THERAPY								3
4 OCCUPATIONAL THERAPY								4
5 SPEECH PATHOLOGY								5
6 MEDICAL SOCIAL SERVICES								6
7 HOME HEALTH AIDE								7
8 SUPPLIES								8
9 DRUGS								9
10 DME								10
11 HOME DIALYSIS AIDE SERVICES								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIES								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGRAM								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTAL (SUM OF LINES 1-19)								20
21 TOTAL COST TO BE ALLOCATED								21
22 UNIT COST MULTIPLIER								22
22 UNIT COST MULTIPLIER								22

PROVIDER CCN: 14-0147 RICHLAND MEMORIAL HOSPITAL
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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7187

WORKSHEET H-3
 PARTS I & II

CHECK APPLICABLE BOX: [] TITLE V [XX] TITLE XVIII [] TITLE XIX

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED			AVERAGE	
		WKST H-2,	COSTS	ANCILLARY	TOTAL HHA	TOTAL	COST PER	
PATIENT SERVICES		PART I,	(FROM	COSTS	COSTS	VISITS	VISIT	
		COL 28,	WKST H-2,	(FROM	COLS. 1+2)		(COL.3 ÷	
		LINE	PART I)	PART II)			COL.4)	
			1	2	3	4	5	
1	SKILLED NURSING CARE	2	956,192		956,192	6,539	146.23	1
2	PHYSICAL THERAPY	3	26,606	159,498	186,104	2,619	71.06	2
3	OCCUPATIONAL THERAPY	4	5,309		5,309	378	14.04	3
4	SPEECH PATHOLOGY	5	2,679	13,705	16,384	184	89.04	4
5	MEDICAL SOCIAL SERVICES	6	9,062		9,062	50	181.24	5
6	HOME HEALTH AIDE	7	147,025		147,025	1,806	81.41	6
7	TOTAL (SUM OF LINES 1-6)		1,146,873	173,203	1,320,076	11,576		7

PATIENT SERVICES

8	SKILLED NURSING CARE							8
9	PHYSICAL THERAPY							9
10	OCCUPATIONAL THERAPY							10
11	SPEECH PATHOLOGY							11
12	MEDICAL SOCIAL SERVICES							12
13	HOME HEALTH AIDE							13
14	TOTAL (SUM OF LINES 8-13)							14

SUPPLIES AND DRUGS		FROM	FACILITY	SHARED			TOTAL	
COST COMPUTATIONS		WKST H-2,	COSTS	ANCILLARY	TOTAL HHA	CHARGES	RATIO	
OTHER PATIENT SERVICES		PART I,	(FROM	COSTS	COSTS	(FROM HHA	(COL.3 ÷	
		COL 28,	WKST H-2,	(FROM	COLS. 1+2)	RECORD)	COL.4)	
		LINE	PART I)	PART II)				
			1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8		26,675	26,675	82,480	0.323412	15
16	COST OF DRUGS	9						16

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7187

WORKSHEET H-3
PARTS I & II
(CONTINUED)

CHECK APPLICABLE BOX: [] TITLE V [XX] TITLE XVIII [] TITLE XIX

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION		PROGRAM VISITS		COST OF SERVICES		TOTAL PROGRAM COST (SUM OF COLS. 9-10) 12			
		PART B		PART B					
PATIENT SERVICES		PART A 6	NOT SUBJ TO DEDUCTIBLES & COINSUR 7	SUBJECT TO DEDUCTIBLES & COINSUR 8	PART A 9	NOT SUBJ TO DEDUCTIBLES & COINSUR 10		SUBJECT TO DEDUCTIBLES & COINSUR 11	
1	SKILLED NURSING CARE	2,809	2,464		410,760	360,311		771,071	1
2	PHYSICAL THERAPY	1,387	956		98,560	67,933		166,493	2
3	OCCUPATIONAL THERAPY	198	110		2,780	1,544		4,324	3
4	SPEECH PATHOLOGY	52	70		4,630	6,233		10,863	4
5	MEDICAL SOCIAL SERVICES	22	25		3,987	4,531		8,518	5
6	HOME HEALTH AIDE	545	1,197		44,368	97,448		141,816	6
7	TOTAL (SUM OF LINES 1-6)	5,013	4,822		565,085	538,000		1,103,085	7

		PROGRAM VISITS			
		CBSA NO.	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR
PATIENT SERVICES					
		1	2	3	4
8	SKILLED NURSING CARE	99914	2,809	2,464	8
9	PHYSICAL THERAPY	99914	1,387	956	9
10	OCCUPATIONAL THERAPY	99914	198	110	10
11	SPEECH PATHOLOGY	99914	52	70	11
12	MEDICAL SOCIAL SERVICES	99914	22	25	12
13	HOME HEALTH AIDE	99914	545	1,197	13
14	TOTAL (SUM OF LINES 8-13)		5,013	4,822	14

SUPPLIES AND DRUGS		--- PROGRAM COVERED CHARGES ---			----- COST OF SERVICES -----		
COST COMPUTATIONS		----- PART B -----			----- PART B -----		
		NOT SUBJ TO DEDUCTIBLES			NOT SUBJ TO DEDUCTIBLES		
OTHER PATIENT SERVICES		SUBJECT TO DEDUCTIBLES			SUBJECT TO DEDUCTIBLES		
		PART A	& COINSUR	& COINSUR	PART A	& COINSUR	& COINSUR
		6	7	8	9	10	11
15	COST OF MEDICAL SUPPLIES	28,068	42,209		9,078	13,651	15
16	COST OF DRUGS						16

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

		FROM WKST C, PART I, COL. 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES (FROM PROVIDER RECORDS)	HHA SHARED ANCILLARY COSTS (COL. 1 x COL. 2)	TRANSFER TO PART I AS INDICATED	
1	PHYSICAL THERAPY	66	0.295939	538,956	159,498	COL 2, LINE 2	1
2	OCCUPATIONAL THERAPY	67				COL 2, LINE 3	2
3	SPEECH PATHOLOGY	68	0.375881	36,460	13,705	COL 2, LINE 4	3
4	MEDICAL SUPPLIES CHRGD TO PAT	71	0.323414	82,480	26,675	COL 2, LINE 15	4
5	DRUGS CHARGED TO PATIENTS	73	0.208391			COL 2, LINE 16	5

CALCULATION OF HHA REMBURSEMENT SETTLEMENT

HHA NO.: 14-7187

WORKSHEET H-4
PARTS I & II

CHECK APPLICABLE BOX: [] TITLE V [XX] TITLE XVIII [] TITLE XIX

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

DESCRIPTION		PART A 1	----- PART B ----- NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
1	REASONABLE COST OF PART A & PART B SERVICES				
2	REASONABLE COST OF SERVICES (SEE INSTRUCTIONS)				1
2	TOTAL CHARGES				2
CUSTOMARY CHARGES					
3	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS (FROM YOUR RECORDS)				3
4	AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)				4
5	RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
6	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)				6
7	EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (COMPLETE ONLY IF LINE 6 EXCEEDS LINE 1)				7
8	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 1 EXCEEDS LINE 6)				8
9	PRIMARY PAYER PAYMENTS				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION		PART A SERVICES 1	PART B SERVICES 2	
10	TOTAL REASONABLE COST (SEE INSTRUCTIONS)			10
11	TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	637,455	572,429	11
12	TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	8,418	3,499	12
13	TOTAL PPS REIMBURSEMENT - LUPA EPISODES	11,235	8,881	13
14	TOTAL PPS REIMBURSEMENT - PEP EPISODES	3,299	2,872	14
15	TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	4,818	1,425	15
16	TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			16
17	TOTAL OTHER PAYMENTS			17
18	DME PAYMENTS			18
19	OXYGEN PAYMENTS			19
20	PROSTHETIC AND ORTHOTIC PAYMENTS			20
21	PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)			21
22	SUBTOTAL (SUM OF LINES 10-20 MINUS LINE 21)	665,225	589,106	22
23	EXCESS REASONABLE COST (FROM LINE 8)			23
24	SUBTOTAL (LINE 22 MINUS LINE 23)	665,225	589,106	24
25	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM YOUR RECORDS)			25
26	NET COST (LINE 24 MINUS LINE 25)	665,225	589,106	26
27	REIMBURSABLE BAD DEBTS (FROM YOUR RECORDS)			27
28	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			28
29	TOTAL COSTS - CURRENT COST REPORTING PERIOD (LINE 26 PLUS LINE 27)	665,225	589,106	29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			30
31	SUBTOTAL (LINE 29 PLUS/MINUS LINE 30)	665,225	589,106	31
32	INTERIM PAYMENTS (SEE INSTRUCTIONS)	665,225	589,106	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)			33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 32 AND 33)			34
35	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			35

PROVIDER CCN: 14-0147 RICHLAND MEMORIAL HOSPITAL
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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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VERSION: 2011.10
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ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHA'S
FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

HHA NO.: 14-7187

WORKSHEET H-5

DESCRIPTION	PART A		PART B	
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		665,225		589,106
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.				
	.01	NONE		3.01
	.02			3.02
PROGRAM	.03			3.03
TO	.04			3.04
PROVIDER	.05			3.05
	.06			3.06
	.07			3.07
	.08			3.08
	.09			3.09
	.50	NONE		3.50
	.51			3.51
PROVIDER	.52			3.52
TO	.53			3.53
PROGRAM	.54			3.54
	.55			3.55
	.56			3.56
	.57			3.57
	.58			3.58
	.59			3.59
	.99			3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)				
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST H-4, PART II, COLUMN AS APPROPRIATE, LINE 32)		665,225		589,106
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.				
	PROGRAM .01	NONE		5.01
	TO .02			5.02
	PROVIDER .03			5.03
	.04			5.04
	.05			5.05
	.06			5.06
	.07			5.07
	.08			5.08
	.09			5.09
	PROVIDER .50	NONE		5.50
	TO .51			5.51
	PROGRAM .52			5.52
	.53			5.53
	.54			5.54
	.55			5.55
	.56			5.56
	.57			5.57
	.58			5.58
	.59			5.59
	.99			5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)				
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT (SEE INSTR.)				
	PROGRAM .01			6.01
	TO			
	PROVIDER			
	PROVIDER			
	TO .02			6.02
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		665,225		589,106
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:		DATE:

PROVIDER CCN: 14-0147 RICHLAND MEMORIAL HOSPITAL
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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

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ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1542

WORKSHEET K

	SALARIES (FROM WKST K-1) 1	EMPLOYEE BENEFITS (FROM WKST K-2) 2	TRANS- PORTATION (SEE INSTR.) 3	CONTRACTED SERVICES (FROM WKST K-3) 4	OTHER 5	TOTAL (COLS. 1-5) 6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED COSTS-BLDG AND FIXT.						1
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.						2
3 PLANT OPERATION AND MAINTENANCE						3
4 TRANSPORTATION - STAFF						4
5 VOLUNTEER SERVICE COORDINATION						5
6 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE	25,234		1,169		120,258	146,661
7 INPATIENT - GENERAL CARE						7
8 INPATIENT - RESPITE CARE						8
9 VISITING SERVICES						9
10 NURSING CARE	110,657		19,568			130,225
11 NURSING CARE-CONTINUOUS HOME CARE						11
12 PHYSICAL THERAPY						12
13 OCCUPATIONAL THERAPY						13
14 SPEECH/LANGUAGE PATHOLOGY						14
15 MEDICAL SOCIAL SERVICES	41,442					41,442
16 SPIRITUAL COUNSELING						16
17 DIETARY COUNSELING						17
18 COUNSELING - OTHER						18
19 HOME HEALTH AIDE AND HOMEMAKER	24,467		7,137			31,604
20 HH AIDE & HOMEMAKER-CONT. HOME CARE						20
21 OTHER						21
22 OTHER HOSPICE SERVICE COSTS						22
23 DRUGS, BIOLOGICAL & INFUSION THERAPY						23
24 ANALGESICS						24
25 SEDATIVES/HYPNOTICS						25
26 OTHER - SPECIFY						26
27 DURABLE MEDICAL EQUIPMENT/OXYGEN						27
28 PATIENT TRANSPORTATION						28
29 IMAGING SERVICES						29
30 LABS AND DIAGNOSTICS						30
31 MEDICAL SUPPLIES						31
32 OUTPATIENT SERVICES (INCLUDING E/R DEPT.)						32
33 RADIATION THERAPY						33
34 CHEMOTHERAPY						34
35 OTHER						35
36 HOSPICE NONREIMBURSABLE SERVICE						36
37 BEREAVEMENT PROGRAM COSTS						37
38 VOLUNTEER PROGRAM COSTS						38
39 FUNDRAISING						39
OTHER PROGRAM COSTS						39
39 TOTAL (SUM OF LINES 1-38)	201,800		27,874		120,258	349,932

PROVIDER CCN: 14-0147 RICHLAND MEMORIAL HOSPITAL
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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

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ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1542

WORKSHEET K
 (CONTINUED)

	RECLASSIFI- CATION 7	SUBTOTAL (COL.6 ± COL.7) 8	ADJUST- MENTS 9	TOTAL (COL.8 ± COL.9) 10	
1	GENERAL SERVICE COST CENTER				1
2	CAPITAL RELATED COSTS-BLDG AND FIXT.				2
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.				3
4	PLANT OPERATION AND MAINTENANCE				4
5	TRANSPORTATION - STAFF				5
6	VOLUNTEER SERVICE COORDINATION				6
7	ADMINISTRATIVE AND GENERAL	146,661		146,661	7
8	INPATIENT CARE SERVICE				8
9	INPATIENT - GENERAL CARE				9
10	INPATIENT - RESPITE CARE				10
11	VISITING SERVICES				11
12	PHYSICIAN SERVICES				12
13	NURSING CARE	130,225		130,225	13
14	NURSING CARE-CONTINUOUS HOME CARE				14
15	PHYSICAL THERAPY				15
16	OCCUPATIONAL THERAPY				16
17	SPEECH/LANGUAGE PATHOLOGY				17
18	MEDICAL SOCIAL SERVICES	41,442		41,442	18
19	SPIRITUAL COUNSELING				19
20	DIETARY COUNSELING				20
21	COUNSELING - OTHER				21
22	HOME HEALTH AIDE AND HOMEMAKER	31,604		31,604	22
23	HH AIDE & HOMEMAKER-CONT. HOME CARE				23
24	OTHER				24
25	OTHER HOSPICE SERVICE COSTS				25
26	DRUGS, BIOLOGICAL & INFUSION THERAPY				26
27	ANALGESICS				27
28	SEDATIVES/HYPNOTICS				28
29	OTHER - SPECIFY				29
30	DURABLE MEDICAL EQUIPMENT/OXYGEN				30
31	PATIENT TRANSPORTATION				31
32	IMAGING SERVICES				32
33	LABS AND DIAGNOSTICS				33
34	MEDICAL SUPPLIES				34
35	OUTPATIENT SERVICES (INCLUDING E/R DEPT.)				35
36	RADIATION THERAPY				36
37	CHEMOTHERAPY				37
38	OTHER				38
39	HOSPICE NONREIMBURSABLE SERVICE				39
	BEREAVEMENT PROGRAM COSTS				
	VOLUNTEER PROGRAM COSTS				
	FUNDRAISING				
	OTHER PROGRAM COSTS				
	TOTAL (SUM OF LINES 1-38)	349,932		349,932	

PROVIDER CCN: 14-0147 RICHLAND MEMORIAL HOSPITAL
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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

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HOSPICE COMPENSATION ANALYSIS - SALARIES AND WAGES

HOSPICE NO.: 14-1542

WORKSHEET K-1

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9	
1	GENERAL SERVICE COST CENTER									1
2	CAP REL COSTS-BLDG AND FIXT.									2
3	CAP REL COSTS-MOVABLE EQUIP.									3
4	PLANT OPERATION & MAINT.									4
5	TRANSPORTATION - STAFF									5
6	VOLUNTEER SERVICE COORD.									6
7	ADMINISTRATIVE AND GENERAL			25,234					25,234	7
8	INPATIENT CARE SERVICE									8
9	INPATIENT - GENERAL CARE									9
10	INPATIENT - RESPITE CARE									10
11	VISITING SERVICES									11
12	PHYSICIAN SERVICES									12
13	NURSING CARE				110,657				110,657	13
14	NURSING CARE-CONT.HOME CARE									14
15	PHYSICAL THERAPY									15
16	OCCUPATIONAL THERAPY									16
17	SPEECH/LANGUAGE PATHOLOGY									17
18	MEDICAL SOCIAL SERVICES		41,442						41,442	18
19	SPIRITUAL COUNSELING									19
20	DIETARY COUNSELING									20
21	COUNSELING - OTHER									21
22	HH AIDE AND HOMEMAKER						24,467		24,467	22
23	HH AIDE & HMKR-CONT.HME CARE									23
24	OTHER									24
25	OTHER HOSPICE SERVICE COSTS									25
26	DRUGS, BIOL. & INFUS. THER.									26
27	ANALGESICS									27
28	SEDATIVES / HYPNOTICS									28
29	OTHER - SPECIFY									29
30	DURABLE MED. EQUIP./OXYGEN									30
31	PATIENT TRANSPORTATION									31
32	IMAGING SERVICES									32
33	LABS AND DIAGNOSTICS									33
34	MEDICAL SUPPLIES									34
35	OUTPAT.SERV.(INCL.E/R DEPT.)									35
36	RADIATION THERAPY									36
37	CHEMOTHERAPY									37
38	OTHER									38
39	HOSPICE NONREIMBURSABLE SERVICE									39
40	BEREAVEMENT PROGRAM COSTS									40
41	VOLUNTEER PROGRAM COSTS									41
42	FUNDRAISING									42
43	OTHER PROGRAM COSTS									43
44	TOTAL (SUM OF LINES 1-38)		41,442	25,234	110,657		24,467		201,800	44

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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HOSPICE COMPENSATION ANALYSIS - EMPLOYEE BENEFITS (PAYROLL RELATED)									
HOSPICE NO.: 14-1542									
WORKSHEET K-2									
	ADMINI- STRATOR	DIRECTOR	SOCIAL SERVICES	SUPER- VISORS	NURSES	TOTAL THERAPISTS	AIDES	ALL OTHER	TOTAL
	1	2	3	4	5	6	7	8	9
1	GENERAL SERVICE COST CENTER								1
2	CAP REL COSTS-BLDG AND FIXT.								2
3	CAP REL COSTS-MOVABLE EQUIP.								3
4	PLANT OPERATION & MAINT.								4
5	TRANSPORTATION - STAFF								5
6	VOLUNTEER SERVICE COORD.								6
7	ADMINISTRATIVE AND GENERAL								7
8	INPATIENT CARE SERVICE								8
9	INPATIENT - GENERAL CARE								9
10	INPATIENT - RESPITE CARE								10
11	VISITING SERVICES								11
12	PHYSICIAN SERVICES								12
13	NURSING CARE								13
14	NURSING CARE-CONT.HOME CARE								14
15	PHYSICAL THERAPY								15
16	OCCUPATIONAL THERAPY								16
17	SPEECH/LANGUAGE PATHOLOGY								17
18	MEDICAL SOCIAL SERVICES								18
19	SPIRITUAL COUNSELING								19
20	DIETARY COUNSELING								20
21	COUNSELING - OTHER								21
22	HH AIDE AND HOMEMAKER								22
23	HH AIDE & HMKR-CONT.HME CARE								23
24	OTHER								24
25	OTHER HOSPICE SERVICE COSTS								25
26	DRUGS, BIOL. & INFUS. THER.								26
27	ANALGESICS								27
28	SEDATIVES / HYPNOTICS								28
29	OTHER - SPECIFY								29
30	DURABLE MED. EQUIP./OXYGEN								30
31	PATIENT TRANSPORTATION								31
32	IMAGING SERVICES								32
33	LABS AND DIAGNOSTICS								33
34	MEDICAL SUPPLIES								34
35	OUTPAT.SERV.(INCL.E/R DEPT.)								35
36	RADIATION THERAPY								36
37	CHEMOTHERAPY								37
38	OTHER								38
39	HOSPICE NONREIMBURSABLE SERVICE								39
40	BEREAVEMENT PROGRAM COSTS								40
41	VOLUNTEER PROGRAM COSTS								41
42	FUNDRAISING								42
43	OTHER PROGRAM COSTS								43
44	TOTAL (SUM OF LINES 1-38)								44

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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HOSPICE COMPENSATION ANALYSIS - CONTRACTED SERVICES/PURCHASED SERVICES									
HOSPICE NO.: 14-1542									
WORKSHEET K-3									
	ADMINI- STRATOR	DIRECTOR	SOCIAL SERVICES	SUPER- VISORS	NURSES	TOTAL THERAPISTS	AIDES	ALL OTHER	TOTAL
	1	2	3	4	5	6	7	8	9
1	GENERAL SERVICE COST CENTER								1
2	CAP REL COSTS-BLDG AND FIXT.								2
3	CAP REL COSTS-MOVABLE EQUIP.								3
4	PLANT OPERATION & MAINT.								4
5	TRANSPORTATION - STAFF								5
6	VOLUNTEER SERVICE COORD.								6
7	ADMINISTRATIVE AND GENERAL								7
8	INPATIENT CARE SERVICE								8
9	INPATIENT - GENERAL CARE								9
10	INPATIENT - RESPITE CARE								10
11	VISITING SERVICES								11
12	PHYSICIAN SERVICES								12
13	NURSING CARE								13
14	NURSING CARE-CONT.HOME CARE								14
15	PHYSICAL THERAPY								15
16	OCCUPATIONAL THERAPY								16
17	SPEECH/LANGUAGE PATHOLOGY								17
18	MEDICAL SOCIAL SERVICES								18
19	SPIRITUAL COUNSELING								19
20	DIETARY COUNSELING								20
21	COUNSELING - OTHER								21
22	HH AIDE AND HOME MAKER								22
23	HH AIDE & HMKR-CONT.HME CARE								23
24	OTHER								24
25	OTHER HOSPICE SERVICE COSTS								25
26	DRUGS, BIOL. & INFUS. THER.								26
27	ANALGESICS								27
28	SEDATIVES / HYPNOTICS								28
29	OTHER - SPECIFY								29
30	DURABLE MED. EQUIP./OXYGEN								30
31	PATIENT TRANSPORTATION								31
32	IMAGING SERVICES								32
33	LABS AND DIAGNOSTICS								33
34	MEDICAL SUPPLIES								34
35	OUTPAT.SERV.(INCL.E/R DEPT.)								35
36	RADIATION THERAPY								36
37	CHEMOTHERAPY								37
38	OTHER								38
39	HOSPICE NONREIMBURSABLE SERVICE								39
40	BEREAVEMENT PROGRAM COSTS								40
41	VOLUNTEER PROGRAM COSTS								41
42	FUNDRAISING								42
43	OTHER PROGRAM COSTS								43
44	TOTAL (SUM OF LINES 1-38)								44

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE NO.: 14-1542

WORKSHEET K-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COSTS & FIXTURES	CAP REL BLDG COSTS EQUIPMENT	PLANT OPERATN & MAINT	TRANSPO- RTATION	VOLUNTEER SERV. CO- ORDINATOR	SUBTOTAL (COLS. 0-5) 5A	ADMIN & GENERAL 6	TOTAL (COL. 5 ± COL. 6) 7
	0	1	2	3	4	5			
1	GENERAL SERVICE COST CENTER								1
2	CAP REL COSTS-BLDG AND FIXT.								2
3	CAP REL COSTS-MOVABLE EQUIP.								3
4	PLANT OPERATION & MAINT.								4
5	TRANSPORTATION - STAFF								5
6	VOLUNTEER SERVICE COORD.								6
7	ADMINISTRATIVE AND GENERAL	146,661					146,661	146,661	7
8	INPATIENT CARE SERVICE								8
9	INPATIENT - GENERAL CARE								9
10	INPATIENT - RESPITE CARE								10
11	VISITING SERVICES								11
12	PHYSICIAN SERVICES								12
13	NURSING CARE	130,225					130,225	93,958	13
14	NURSING CARE-CONTINUOUS HOME								14
15	PHYSICAL THERAPY								15
16	OCCUPATIONAL THERAPY								16
17	SPEECH/LANGUAGE PATHOLOGY								17
18	MEDICAL SOCIAL SERVICES	41,442					41,442	29,901	18
19	SPIRITUAL COUNSELING								19
20	DIETARY COUNSELING								20
21	COUNSELING - OTHER								21
22	HH AIDE AND HOMEMAKER	31,604					31,604	22,802	22
23	HH AIDE & HMKR-CONT. HOME CA								23
24	OTHER								24
25	OTHER HOSPICE SERVICE COSTS								25
26	DRUGS, BIOL. & INFUS. THER.								26
27	ANALGESICS								27
28	SEDATIVES / HYPNOTICS								28
29	OTHER - SPECIFY								29
30	DURABLE MED. EQUIP./OXYGEN								30
31	PATIENT TRANSPORTATION								31
32	IMAGING SERVICES								32
33	LABS AND DIAGNOSTICS								33
34	MEDICAL SUPPLIES								34
35	OUTPAT.SERV.(INCL.E/R DEPT.)								35
36	RADIATION THERAPY								36
37	CHEMOTHERAPY								37
38	OTHER								38
39	HOSPICE NONREIMBURSABLE SERV.								39
40	BEREAVEMENT PROGRAM COSTS								40
41	VOLUNTEER PROGRAM COSTS								41
42	FUNDRAISING								42
43	OTHER PROGRAM COSTS								43
44	TOTAL (SUM OF LINES 1-38)	349,932					349,932		44

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

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COST ALLOCATION - HOSPICE STATISTICAL BASIS

HOSPICE NO.: 14-1542

WORKSHEET K-4
 PART II

	CAP REL COSTS BLDG & FIXTURES (SQUARE FEET)	CAP REL COSTS MVBL EQUIPMENT (DOLLAR VALUE)	PLANT OPERATN & MAINT (SQUARE FEET)	TRANSPOR- TATION (MILEAGE)	VOLUNTEER SERV. CO- ORDINATOR (HOURS)	RECONCIL- IATION	ADMIN & GENERAL (ACCUM COST)
	1	2	3	4	5	6A	6
GENERAL SERVICE COST CENTER							
1 CAP REL COSTS-BLDG AND FIXT.							1
2 CAP REL COSTS-MOVABLE EQUIP.							2
3 PLANT OPERATION & MAINT.							3
4 TRANSPORTATION - STAFF							4
5 VOLUNTEER SERVICE COORD.							5
6 ADMINISTRATIVE AND GENERAL						-146,661	203,271 6
INPATIENT CARE SERVICE							
7 INPATIENT - GENERAL CARE							7
8 INPATIENT - RESPITE CARE							8
VISITING SERVICES							
9 PHYSICIAN SERVICES							9
10 NURSING CARE							130,225 10
11 NURSING CARE-CONTINUOUS HOME							11
12 PHYSICAL THERAPY							12
13 OCCUPATIONAL THERAPY							13
14 SPEECH/LANGUAGE PATHOLOGY							14
15 MEDICAL SOCIAL SERVICES							41,442 15
16 SPIRITUAL COUNSELING							16
17 DIETARY COUNSELING							17
18 COUNSELING - OTHER							18
19 HH AIDE AND HOMEMAKER							31,604 19
20 HH AIDE & HMKR-CONT. HOME CA							20
21 OTHER							21
OTHER HOSPICE SERVICE COSTS							
22 DRUGS, BIOL. & INFUS. THER.							22
23 ANALGESICS							23
24 SEDATIVES / HYPNOTICS							24
25 OTHER - SPECIFY							25
26 DURABLE MED. EQUIP./OXYGEN							26
27 PATIENT TRANSPORTATION							27
28 IMAGING SERVICES							28
29 LABS AND DIAGNOSTICS							29
30 MEDICAL SUPPLIES							30
31 OUTPAT.SERV.(INCL.E/R DEPT.)							31
32 RADIATION THERAPY							32
33 CHEMOTHERAPY							33
34 OTHER							34
HOSPICE NONREIMBURSABLE SERVICE							
35 BEREAVEMENT PROGRAM COSTS							35
36 VOLUNTEER PROGRAM COSTS							36
37 FUNDRAISING							37
38 OTHER PROGRAM COSTS							38
39 COST TO BE ALLOCATED							146,661 39
40 UNIT COST MULTIPLIER							0.721505 40

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE NO.: 14-1542

WORKSHEET K-5
 PART I

HOSPICE COST CENTER	HOSPICE TRIAL BALANCE 0	NEW CAP RE L COSTS-BL DG & FIXT 1	NEW CAP RE L COSTS-MV BLE EQUIP 2	OTHER CAP REL COSTS 3	EMPLOYEE B ENEFITS 4	SUBTOTAL 4A	ADMINISTRA TIVE & GEN ERAL 5	MAINTENANC E & REPAIR S 6	
1 ADMINISTRATIVE AND GENERAL		7,907	2,354		8,506	18,767	2,472	11,284	1
2 INPATIENT - GENERAL CARE									2
3 INPATIENT - RESPITE CARE									3
4 PHYSICIAN SERVICES									4
5 NURSING CARE	224,183				37,299	261,482	34,436		5
6 NURSING CARE-CONTINUOUS HOM									6
7 PHYSICAL THERAPY									7
8 OCCUPATIONAL THERAPY									8
9 SPEECH/LANGUAGE PATHOLOGY									9
10 MEDICAL SOCIAL SERV. - DIRE	71,343				13,969	85,312	11,235		10
11 SPIRITUAL COUNSELING									11
12 DIETARY COUNSELING									12
13 COUNSELING - OTHER									13
14 HOME HLTH AIDE & HOMEMAKERS	54,406				8,247	62,653	8,251		14
15 HH AIDE & HMKR-CONT. HOME C									15
16 OTHER									16
17 DRUGS,BIOLOGICALS & INFUSIO									17
18 ANALGESICS									18
19 SEDATIVES / HYPNOTICS									19
20 OTHER - SPECIFY									20
21 DURABLE MED. EQUIP./OXYGEN									21
22 PATIENT TRANSPORTATION									22
23 IMAGING SERVICES									23
24 LABS AND DIAGNOSTICS									24
25 MEDICAL SUPPLIES									25
26 OUTPAT. SERV.(INCL.E/R DEPT									26
27 RADIATION THERAPY									27
28 CHEMOTHERAPY									28
29 OTHER									29
30 BEREAVEMENT PROGRAM COSTS									30
31 VOLUNTEER PROGRAM COSTS									31
32 FUNDRAISING									32
33 OTHER PROGRAM COSTS									33
34 TOTALS (SUM OF LINES 1-33)	349,932	7,907	2,354		68,021	428,214	56,394	11,284	34
35 UNIT COST MULTIPLIER									35

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1542

WORKSHEET K-5
 PART I

HOSPICE COST CENTER		OPERATION OF PLANT	LAUNDRY & LINEN SERV NG ICE	HOUSEKEEPING DIETARY	CAFETERIA	MAIN- TENANCE OF PERSONNEL	NURSING AD MINISTRATI ON	CENTRAL SE RVICES & S UPPLY	
		7	8	9	10	11	12	13	14
1	ADMINISTRATIVE AND GENERAL	7,494		9,163		8,605			1
2	INPATIENT - GENERAL CARE								2
3	INPATIENT - RESPITE CARE								3
4	PHYSICIAN SERVICES								4
5	NURSING CARE								5
6	NURSING CARE-CONTINUOUS HOM								6
7	PHYSICAL THERAPY								7
8	OCCUPATIONAL THERAPY								8
9	SPEECH/LANGUAGE PATHOLOGY								9
10	MEDICAL SOCIAL SERV. - DIRE								10
11	SPIRITUAL COUNSELING								11
12	DIETARY COUNSELING								12
13	COUNSELING - OTHER								13
14	HOME HLTH AIDE & HOMEMAKERS								14
15	HH AIDE & HMKR-CONT. HOME C								15
16	OTHER								16
17	DRUGS,BIOLOGICALS & INFUSIO								17
18	ANALGESICS								18
19	SEDATIVES / HYPNOTICS								19
20	OTHER - SPECIFY								20
21	DURABLE MED. EQUIP./OXYGEN								21
22	PATIENT TRANSPORTATION								22
23	IMAGING SERVICES								23
24	LABS AND DIAGNOSTICS								24
25	MEDICAL SUPPLIES								25
26	OUTPAT. SERV.(INCL.E/R DEPT								26
27	RADIATION THERAPY								27
28	CHEMOTHERAPY								28
29	OTHER								29
30	BEREAVEMENT PROGRAM COSTS								30
31	VOLUNTEER PROGRAM COSTS								31
32	FUNDRAISING								32
33	OTHER PROGRAM COSTS								33
34	TOTALS (SUM OF LINES 1-33)	7,494		9,163		8,605			34
35	UNIT COST MULTIPLIER								35

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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

HOSPICE NO.: 14-1542

WORKSHEET K-5
 PART I

HOSPICE COST CENTER	PHARMACY	MEDICAL RE CORDS & LI BRARY	SOCIAL SERVICE	NONPHYSIC. ANESTHET.	NURSING SCHOOL	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION
	15	16	17	19	20	21	22	23
1 ADMINISTRATIVE AND GENERAL	215							1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE								5
6 NURSING CARE-CONTINUOUS HOM								6
7 PHYSICAL THERAPY								7
8 OCCUPATIONAL THERAPY								8
9 SPEECH/LANGUAGE PATHOLOGY								9
10 MEDICAL SOCIAL SERV. - DIRE								10
11 SPIRITUAL COUNSELING								11
12 DIETARY COUNSELING								12
13 COUNSELING - OTHER								13
14 HOME HLTH AIDE & HOMEMAKERS								14
15 HH AIDE & HMKR-CONT. HOME C								15
16 OTHER								16
17 DRUGS,BIOLOGICALS & INFUSIO								17
18 ANALGESICS								18
19 SEDATIVES / HYPNOTICS								19
20 OTHER - SPECIFY								20
21 DURABLE MED. EQUIP./OXYGEN								21
22 PATIENT TRANSPORTATION								22
23 IMAGING SERVICES								23
24 LABS AND DIAGNOSTICS								24
25 MEDICAL SUPPLIES								25
26 OUTPAT. SERV.(INCL.E/R DEPT								26
27 RADIATION THERAPY								27
28 CHEMOTHERAPY								28
29 OTHER								29
30 BEREAVEMENT PROGRAM COSTS								30
31 VOLUNTEER PROGRAM COSTS								31
32 FUNDRAISING								32
33 OTHER PROGRAM COSTS								33
34 TOTALS (SUM OF LINES 1-33)	215							34
35 UNIT COST MULTIPLIER								35

PROVIDER CCN: 14-0147 RICHLAND MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2010 TO 09/30/2011

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1542

WORKSHEET K-5
 PART I

HOSPICE COST CENTER	SUBTOTAL (COLS. 4A-23) 24	I&R COST & POST STEP- DOWN ADJS 25	SUBTOTAL (COLS. 24 ± 25) 26	ALLOC HOSP A&G (SEE PART II) 27	TOTAL HOSP COSTS (COL 26 ± 27) 28	
1 ADMINISTRATIVE AND GENERAL	58,000		58,000			1
2 INPATIENT - GENERAL CARE						2
3 INPATIENT - RESPITE CARE						3
4 PHYSICIAN SERVICES						4
5 NURSING CARE	295,918		295,918	37,040	332,958	5
6 NURSING CARE-CONTINUOUS HOM						6
7 PHYSICAL THERAPY						7
8 OCCUPATIONAL THERAPY						8
9 SPEECH/LANGUAGE PATHOLOGY						9
10 MEDICAL SOCIAL SERV. - DIRE	96,547		96,547	12,085	108,632	10
11 SPIRITUAL COUNSELING						11
12 DIETARY COUNSELING						12
13 COUNSELING - OTHER						13
14 HOME HLTH AIDE & HOMEMAKERS	70,904		70,904	8,875	79,779	14
15 HH AIDE & HMKR-CONT. HOME C						15
16 OTHER						16
17 DRUGS,BIOLOGICALS & INFUSIO						17
18 ANALGESICS						18
19 SEDATIVES / HYPNOTICS						19
20 OTHER - SPECIFY						20
21 DURABLE MED. EQUIP./OXYGEN						21
22 PATIENT TRANSPORTATION						22
23 IMAGING SERVICES						23
24 LABS AND DIAGNOSTICS						24
25 MEDICAL SUPPLIES						25
26 OUTPAT. SERV.(INCL.E/R DEPT						26
27 RADIATION THERAPY						27
28 CHEMOTHERAPY						28
29 OTHER						29
30 BEREAVEMENT PROGRAM COSTS						30
31 VOLUNTEER PROGRAM COSTS						31
32 FUNDRAISING						32
33 OTHER PROGRAM COSTS						33
34 TOTALS (SUM OF LINES 1-33)	521,369		521,369		521,369	34
35 UNIT COST MULTIPLIER				0.125170		35

PROVIDER CCN: 14-0147 RICHLAND MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2010 TO 09/30/2011

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1542

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	NEW CAP RE	NEW CAP RE	OTHER	EMPLOYEE B	RECON- CILIATION	ADMINISTRA	MAINTENANC	OPERATION	
	L COSTS-BL DG & FIXT SQUARE FEET	L COSTS-MV BLE EQUIP DOLLAR VALUE	CAP REL COSTS NOT USED	ENEFFITS GROSS SALARIES		TIVE & GEN ERAL ACCUM COST	E & REPAIR S SQUARE FEET	OF PLANT SQUARE FEET	
	1	2	3	4	4A	5	6	7	
1 ADMINISTRATIVE AND GENERAL	1,333	2,271		25,234		18,767	1,333	1,333	1
2 INPATIENT - GENERAL CARE									2
3 INPATIENT - RESPITE CARE									3
4 PHYSICIAN SERVICES									4
5 NURSING CARE				110,657		261,482			5
6 NURSING CARE-CONTINUOUS HOM									6
7 PHYSICAL THERAPY									7
8 OCCUPATIONAL THERAPY									8
9 SPEECH/LANGUAGE PATHOLOGY									9
10 MEDICAL SOCIAL SERV. - DIRE				41,442		85,312			10
11 SPIRITUAL COUNSELING									11
12 DIETARY COUNSELING									12
13 COUNSELING - OTHER									13
14 HOME HLTH AIDE & HOMEMAKERS				24,467		62,653			14
15 HH AIDE & HMKR-CONT. HOME C									15
16 OTHER									16
17 DRUGS,BIOLOGICALS & INFUSIO									17
18 ANALGESICS									18
19 SEDATIVES / HYPNOTICS									19
20 OTHER - SPECIFY									20
21 DURABLE MED. EQUIP./OXYGEN									21
22 PATIENT TRANSPORTATION									22
23 IMAGING SERVICES									23
24 LABS AND DIAGNOSTICS									24
25 MEDICAL SUPPLIES									25
26 OUTPAT. SERV.(INCL.E/R DEPT									26
27 RADIATION THERAPY									27
28 CHEMOTHERAPY									28
29 OTHER									29
30 BEREAVEMENT PROGRAM COSTS									30
31 VOLUNTEER PROGRAM COSTS									31
32 FUNDRAISING									32
33 OTHER PROGRAM COSTS									33
34 TOTALS (SUM OF LINES 1-33)	1,333	2,271		201,800		428,214	1,333	1,333	34
35 TOTAL COST TO BE ALLOCATED	7,907	2,354		68,021		56,394	11,284	7,494	35
36 UNIT COST MULTIPLIER	5.931733	1.036548		0.337071		0.131696	8.465116	5.621905	36

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1542

WORKSHEET K-5
 PART II

HOSPICE COST CENTER		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	SEPHARMACY
		LAUNDRY POUNDS	HOURS OF SERVICE	DIETARY MEALS SERV	CAFE MEALS SERV	NUMBER HOUSED	DIRECT NURSING HO	CS COSTED REQUIS	PHARM COSTED REQ
		8	9	10	11	12	13	14	15
1	ADMINISTRATIVE AND GENERAL		8,800		36				11,200
2	INPATIENT - GENERAL CARE								
3	INPATIENT - RESPITE CARE								
4	PHYSICIAN SERVICES								
5	NURSING CARE								
6	NURSING CARE-CONTINUOUS HOM								
7	PHYSICAL THERAPY								
8	OCCUPATIONAL THERAPY								
9	SPEECH/LANGUAGE PATHOLOGY								
10	MEDICAL SOCIAL SERV. - DIRE								
11	SPIRITUAL COUNSELING								
12	DIETARY COUNSELING								
13	COUNSELING - OTHER								
14	HOME HLTH AIDE & HOMEMAKERS								
15	HH AIDE & HMKR-CONT. HOME C								
16	OTHER								
17	DRUGS,BIOLOGICALS & INFUSIO								
18	ANALGESICS								
19	SEDATIVES / HYPNOTICS								
20	OTHER - SPECIFY								
21	DURABLE MED. EQUIP./OXYGEN								
22	PATIENT TRANSPORTATION								
23	IMAGING SERVICES								
24	LABS AND DIAGNOSTICS								
25	MEDICAL SUPPLIES								
26	OUTPAT. SERV.(INCL.E/R DEPT								
27	RADIATION THERAPY								
28	CHEMOTHERAPY								
29	OTHER								
30	BEREAVEMENT PROGRAM COSTS								
31	VOLUNTEER PROGRAM COSTS								
32	FUNDRAISING								
33	OTHER PROGRAM COSTS								
34	TOTALS (SUM OF LINES 1-33)		8,800		36				11,200
35	TOTAL COST TO BE ALLOCATED		9,163		8,605				215
36	UNIT COST MULTIPLIER		1.041250		239.027778				0.019196

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1542

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	MEDICAL RE SOCIAL CORDS & LI SERVICE BRARY TIME SPENT	16	17	NONPHYSIC. ANESTHET. ASSIGNED TIME	19	NURSING SCHOOL ASSIGNED TIME	20	I&R SALARY & FRINGES ASSIGNED TIME	21	I&R PROGRAM COSTS ASSIGNED TIME	22	PARAMED EDUCATION ASSIGNED TIME	23
1 ADMINISTRATIVE AND GENERAL													1
2 INPATIENT - GENERAL CARE													2
3 INPATIENT - RESPITE CARE													3
4 PHYSICIAN SERVICES													4
5 NURSING CARE													5
6 NURSING CARE-CONTINUOUS HOM													6
7 PHYSICAL THERAPY													7
8 OCCUPATIONAL THERAPY													8
9 SPEECH/LANGUAGE PATHOLOGY													9
10 MEDICAL SOCIAL SERV. - DIRE													10
11 SPIRITUAL COUNSELING													11
12 DIETARY COUNSELING													12
13 COUNSELING - OTHER													13
14 HOME HLTH AIDE & HOMEMAKERS													14
15 HH AIDE & HMKR-CONT. HOME C													15
16 OTHER													16
17 DRUGS,BIOLOGICALS & INFUSIO													17
18 ANALGESICS													18
19 SEDATIVES / HYPNOTICS													19
20 OTHER - SPECIFY													20
21 DURABLE MED. EQUIP./OXYGEN													21
22 PATIENT TRANSPORTATION													22
23 IMAGING SERVICES													23
24 LABS AND DIAGNOSTICS													24
25 MEDICAL SUPPLIES													25
26 OUTPAT. SERV.(INCL.E/R DEPT													26
27 RADIATION THERAPY													27
28 CHEMOTHERAPY													28
29 OTHER													29
30 BEREAVEMENT PROGRAM COSTS													30
31 VOLUNTEER PROGRAM COSTS													31
32 FUNDRAISING													32
33 OTHER PROGRAM COSTS													33
34 TOTALS (SUM OF LINES 1-33)													34
35 TOTAL COST TO BE ALLOCATED													35
36 UNIT COST MULTIPLIER													36

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE NO.: 14-1542

WORKSHEET K-5
 PART III

PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS

	WKST C, PART I, COL. 9, LINE 0	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES (PROVIDER RECORDS) 2	HOSPICE SHARED ANCILLARY COSTS (COL.1 x 2) 3	
ANCILLARY SERVICE COST CENTERS					
1	PHYSICAL THERAPY	66	0.295939		1
2	OCCUPATIONAL THERAPY	67			2
3	SPEECH/LANGUAGE PATHOLOGY	68	0.375881		3
4	DRUGS, BIOLOGICALS AND INFUSION	73	0.208391		4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	96			5
6	LABS AND DIAGNOSTICS	60	0.157784		6
7	MEDICAL SUPPLIES	71	0.323414		7
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	93			8
9	RADIATION THERAPY	55			9
10	OTHER ANCILLARY (SPECIFY)	76			10
10.97	CARDIAC REHABILITATION	76.97			10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98			10.98
10.99	LITHOTRIPSY	76.99			10.99
11	TOTALS (SUM OF LINES 1-10)				11

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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CALCULATION OF HOSPICE PER DIEM COST		HOSPICE NO.: 14-1542			WORKSHEET K-6
COMPUTATION OF PER DIEM COST		TITLE XVIII	TITLE XIX	OTHER	TOTAL
		1	2	3	4
1	TOTAL COST (SEE INSTRUCTIONS)				521,369
2	TOTAL UNDUPLICATED DAYS (WKST S-9, COL. 6, LINE 5)				4,948
3	AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				105.37
4	UNDUPLICATED MEDICARE DAYS (WKST S-9, COL. 1, LINE 5)	4,085			
5	AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	430,436			
6	UNDUPLICATED MEDICAID DAYS (WKST S-9, COL. 2, LINE 5)		512		
7	AGGREGATE MEDICAID COST (LINE 3 TIMES LINE 6)		53,949		
8	UNDUPLICATED SNF DAYS (WKST S-9, COL. 3, LINE 5)				
9	AGGREGATE SNF COST (LINE 3 TIMES LINE 8)				
10	UNDUPLICATED NF DAYS (WKST S-9, COL. 4, LINE 5)				
11	AGGREGATE NF COST (LINE 3 TIMES LINE 10)				
12	OTHER UNDUPLICATED DAYS (WKST S-9, COL. 5, LINE 5)			351	
13	AGGREGATE COST FOR OTHER DAYS (LINE 3 TIMES LINE 12)			36,985	

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

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CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((14-014) [XX] PPS
APPLICABLE [XX] TITLE XVIII-PT A [] SUB (OTHER) [] COST METHOD
BOXES [] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL FEDERAL AMOUNT		
2	CAPITAL DRG OTHER THAN OUTLIER	388,460	1
3	CAPITAL DRG OUTLIER PAYMENTS	828	2
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	19.03	3
5	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)		4
6	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		5
7	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)		6
8	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30)		7
9	(SEE INSTRUCTIONS)		
10	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)		8
11	SUM OF LINES 7 AND 8		9
12	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)		10
13	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)		11
14	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	389,288	12

PART II - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST (SEE INSTRUCTIONS)		1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST (SEE INSTRUCTIONS)		2
3	TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 1 PLUS LINE 2)		3
4	CAPITAL COST PAYMENT FACTOR (SEE INSTRUCTIONS)		4
5	TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 3 TIMES LINE 4)		5

PART III - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS (SEE INSTRUCTIONS)		1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)		2
3	NET PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (LINE 1 MINUS LINE 2)		3
4	APPLICABLE EXCEPTION PERCENTAGE (SEE INSTRUCTIONS)		4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS (LINE 3 TIMES LINE 4)		5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)		6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 2 TIMES LINE 6)		7
8	CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 5 PLUS LINE 7)		8
9	CURRENT YEAR CAPITAL PAYMENTS (FROM PART I, LINE 12 AS APPLICABLE)		9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 8 LESS LINE 9)		10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (FROM PRIOR YEAR WKST L, PART III, LINE 14)		11
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 10 PLUS LINE 11)		12
13	CURRENT YEAR EXCEPTION PAYMENT (IF LINE 12 IS POSITIVE, ENTER THE AMOUNT ON THIS LINE)		13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (IF LINE 12 IS NEGATIVE, ENTER THE AMOUNT ON THIS LINE)		14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)		15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)		16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT (SEE INSTRUCTIONS)		17

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK ☐ TITLE V ☒ HOSPITAL ((14-014) ☒ PPS
APPLICABLE ☐ TITLE XVIII-PT A ☐ SUB (OTHER) ☐ COST METHOD
BOXES ☒ TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT	1
1 CAPITAL DRG OTHER THAN OUTLIER	1
2 CAPITAL DRG OUTLIER PAYMENTS	2
3 TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	3
4 NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	4
5 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	5
6 INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	6
7 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	7
8 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	8
9 SUM OF LINES 7 AND 8	9
10 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	10
11 DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	11
12 TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	12

PART II - PAYMENT UNDER REASONABLE COST

1 PROGRAM INPATIENT ROUTINE CAPITAL COST (SEE INSTRUCTIONS)	1
2 PROGRAM INPATIENT ANCILLARY CAPITAL COST (SEE INSTRUCTIONS)	2
3 TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 1 PLUS LINE 2)	3
4 CAPITAL COST PAYMENT FACTOR (SEE INSTRUCTIONS)	4
5 TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 3 TIMES LINE 4)	5

PART III - COMPUTATION OF EXCEPTION PAYMENTS

1 PROGRAM INPATIENT CAPITAL COSTS (SEE INSTRUCTIONS)	1
2 PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)	2
3 NET PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (LINE 1 MINUS LINE 2)	3
4 APPLICABLE EXCEPTION PERCENTAGE (SEE INSTRUCTIONS)	4
5 CAPITAL COST FOR COMPARISON TO PAYMENTS (LINE 3 TIMES LINE 4)	5
6 PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)	6
7 ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 2 TIMES LINE 6)	7
8 CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 5 PLUS LINE 7)	8
9 CURRENT YEAR CAPITAL PAYMENTS (FROM PART I, LINE 12 AS APPLICABLE)	9
10 CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 8 LESS LINE 9)	10
11 CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (FROM PRIOR YEAR WKST L, PART III, LINE 14)	11
12 NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 10 PLUS LINE 11)	12
13 CURRENT YEAR EXCEPTION PAYMENT (IF LINE 12 IS POSITIVE, ENTER THE AMOUNT ON THIS LINE)	13
14 CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (IF LINE 12 IS NEGATIVE, ENTER THE AMOUNT ON THIS LINE)	14
15 CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)	15
16 CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)	16
17 CURRENT YEAR EXCEPTION OFFSET AMOUNT (SEE INSTRUCTIONS)	17

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
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ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION		EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL (COLS.0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26
1	GENERAL SERVICE COST CENTERS					1
2	CAP REL COSTS-BLDG & FIXT					2
4	CAP REL COSTS-MVBLE EQUIP					4
5	EMPLOYEE BENEFITS					5
6	ADMINISTRATIVE & GENERAL					6
7	MAINTENANCE & REPAIRS					7
8	OPERATION OF PLANT					8
9	LAUNDRY & LINEN SERVICE					9
10	HOUSEKEEPING					10
11	DIETARY					11
12	CAFETERIA					12
13	MAINTENANCE OF PERSONNEL					13
14	NURSING ADMINISTRATION					14
15	CENTRAL SERVICES & SUPPLY					15
16	PHARMACY					16
17	MEDICAL RECORDS & LIBRARY					17
19	SOCIAL SERVICE					19
20	NONPHYSICIAN ANESTHETISTS					20
21	NURSING SCHOOL					21
22	I&R SRVCES-SALARY & FRINGES AP					22
23	I&R SRVCES-OTHER PRGM COSTS AP					23
30	PARAMED ED PRGM-(SPECIFY)					30
31	INPATIENT ROUTINE SERV COST CENTERS					31
40	ADULTS & PEDIATRICS					40
43	INTENSIVE CARE UNIT					43
44	SUBPROVIDER - IPF					44
50	NURSERY					50
53	SKILLED NURSING FACILITY					53
54	ANCILLARY SERVICE COST CENTERS					54
56	OPERATING ROOM					56
57	ANESTHESIOLOGY					57
58	RADIOLOGY-DIAGNOSTIC					58
60	RADIOISOTOPE					60
62.30	COMPUTED TOMOGRAPHY (CT) SCAN					62.30
64	MAGNETIC RESONANCE IMAGING (MR)					64
65	LABORATORY					65
66	BLOOD CLOTTING FOR HEMOPHILIC					66
68	INTRAVENOUS THERAPY					68
69	RESPIRATORY THERAPY					69
71	PHYSICAL THERAPY					71
72	SPEECH PATHOLOGY					72
73	ELECTROCARDIOLOGY					73
76.97	MEDICAL SUPPLIES CHRGD TO PAT					76.97
76.98	IMPL. DEV. CHARGED TO PATIENT					76.98
76.99	DRUGS CHARGED TO PATIENTS					76.99
91	CARDIAC REHABILITATION					91
92	HYPERBARIC OXYGEN THERAPY					92
95	LITHOTRIPSY					95
99.10	OUTPATIENT SERVICE COST CENTERS					99.10
99.20	EMERGENCY					99.20
99.30	OBSERVATION BEDS					99.30
99.40	OTHER REIMBURSABLE COST CENTERS					99.40
101	AMBULANCE SERVICES					101
113	CORF					113
116	OUTPATIENT PHYSICAL THERAPY					116
118	OUTPATIENT OCCUPATIONAL THERAP					118
192	OUTPATIENT SPEECH PATHOLOGY					192
194	HOME HEALTH AGENCY					194
194.01	SPECIAL PURPOSE COST CENTERS					194.01
194.02	INTEREST EXPENSE					194.02
200	HOSPICE					200
201	SUBTOTALS (SUM OF LINES 1-117)					201
202	NONREIMBURSABLE COST CENTERS					202
203	PHYSICIANS' PRIVATE OFFICES					203
204	OTHER NONREIMBURSABLE					204
204	MEMORY DISORDER					204
204	ASSISTED LIVING					204
204	CROSS FOOT ADJUSTMENTS					204
204	NEGATIVE COST CENTER					204
204	TOTAL (SUM OF LINE 118 AND LINES 190-201)					204
204	TOTAL STATISTICAL BASIS					204
204	UNIT COST MULTIPLIER					204
204	UNIT COST MULTIPLIER					204

PROVIDER CCN: 14-0147 RICHLAND MEMORIAL HOSPITAL
 PERIOD FROM 10/01/2010 TO 09/30/2011

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 CMS-2552-10 - SUMMARY REPORT 97

VERSION: 2011.10
 03/12/2012 10:04

***** REPORT 97 ***** UTILIZATION STATISTICS *****

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
30 ADULTS & PEDIATRICS	52.77		17.26				70.03 30
31 INTENSIVE CARE UNIT	91.36		1.39				92.75 31
43 NURSERY			67.60				67.60 43
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	8.05	23.30	15.43				46.78 50
53 ANESTHESIOLOGY	5.71	11.61	5.12				22.44 53
54 RADIOLOGY-DIAGNOSTIC	16.45	27.79	1.80				46.04 54
56 RADIOISOTOPE	6.11	48.26	0.58				54.95 56
57 COMPUTED TOMOGRAPHY (CT) SCAN	14.61	31.42	1.87				47.90 57
58 MAGNETIC RESONANCE IMAGING (MRI)	8.30	33.42	0.23				41.95 58
60 LABORATORY	22.95	4.66	4.33				31.94 60
64 INTRAVENOUS THERAPY	37.20	9.62	18.32				65.14 64
65 RESPIRATORY THERAPY	55.96	9.00	4.91				69.87 65
66 PHYSICAL THERAPY	9.87		1.13				11.00 66
68 SPEECH PATHOLOGY	18.43		0.16				18.59 68
69 ELECTROCARDIOLOGY	14.26	37.92	4.70				56.88 69
71 MEDICAL SUPPLIES CHRGD TO PATI	20.98	14.74	12.99				48.71 71
72 IMPL. DEV. CHARGED TO PATIENT	12.90	43.97	4.59				61.46 72
73 DRUGS CHARGED TO PATIENTS	34.62	14.78	6.89				56.29 73
91 EMERGENCY	13.55	18.10	0.08				31.73 91
92 OBSERVATION BEDS	6.52	17.23	0.80				24.55 92
200 TOTAL CHARGES	18.22	16.83	5.62				40.67 200

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***** REPORT 97 ***** UTILIZATION STATISTICS *****

SUBPROVIDER-IPF

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A	PART B	INPATIENT	OUTPATIENT	INPATIENT	OUTPATIENT	
	1	2	3	4	5	6	
UTILIZATION PERCENTAGES BASED ON DAYS							
40 SUBPROVIDER - IPF	27.74		35.71				63.45 40
UTILIZATION PERCENTAGES BASED ON CHARGES							
54 RADIOLOGY-DIAGNOSTIC	0.12						0.12 54
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.17						0.17 57
60 LABORATORY	0.36						0.36 60
64 INTRAVENOUS THERAPY	0.02						0.02 64
65 RESPIRATORY THERAPY	0.54						0.54 65
66 PHYSICAL THERAPY	0.02						0.02 66
69 ELECTROCARDIOLOGY	0.08						0.08 69
71 MEDICAL SUPPLIES CHRGD TO PATI	0.13						0.13 71
73 DRUGS CHARGED TO PATIENTS	2.47						2.47 73
91 EMERGENCY	0.59						0.59 91
200 TOTAL CHARGES	0.45						0.45 200

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***** REPORT 97 ***** UTILIZATION STATISTICS *****

SNF / NF

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
44 SKILLED NURSING FACILITY	29.95						29.95 44
UTILIZATION PERCENTAGES BASED ON CHARGES							
54 RADIOLOGY-DIAGNOSTIC	1.08						1.08 54
56 RADIOISOTOPE	0.86						0.86 56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.49						0.49 57
58 MAGNETIC RESONANCE IMAGING (MRI	0.23						0.23 58
60 LABORATORY	1.24						1.24 60
64 INTRAVENOUS THERAPY	4.04						4.04 64
65 RESPIRATORY THERAPY	13.16						13.16 65
66 PHYSICAL THERAPY	26.00						26.00 66
68 SPEECH PATHOLOGY	25.01						25.01 68
69 ELECTROCARDIOLOGY	0.43						0.43 69
71 MEDICAL SUPPLIES CHRGED TO PATI	2.66						2.66 71
73 DRUGS CHARGED TO PATIENTS	7.91						7.91 73
200 TOTAL CHARGES	3.89						3.89 200

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***** REPORT 97 ***** UTILIZATION STATISTICS *****

SWING-BED SNF / NF

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD	
	PART A	PART B	INPATIENT	OUTPATIENT	INPATIENT	OUTPATIENT	PARTY UTIL	
	1	2	3	4	5	6	7	
UTILIZATION PERCENTAGES BASED ON CHARGES								
54 RADIOLOGY-DIAGNOSTIC	0.25						0.25	54
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.19						0.19	57
60 LABORATORY	0.28						0.28	60
64 INTRAVENOUS THERAPY	1.59						1.59	64
65 RESPIRATORY THERAPY	2.61						2.61	65
66 PHYSICAL THERAPY	1.57						1.57	66
68 SPEECH PATHOLOGY	0.92						0.92	68
69 ELECTROCARDIOLOGY	0.05						0.05	69
71 MEDICAL SUPPLIES CHRGD TO PATI	0.63						0.63	71
73 DRUGS CHARGED TO PATIENTS	1.68						1.68	73
200 TOTAL CHARGES	0.54						0.54	200

COST CENTER		--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---	
		AMOUNT	%	AMOUNT	%	AMOUNT	%
1	GENERAL SERVICE COST CENTERS						
2	CAP REL COSTS-BLDG & FIXT	943,997	2.77	-943,997	-5.28		1
3	CAP REL COSTS-MVBLE EQUIP	1,117,286	3.27	-1,117,286	-6.25		2
4	OTHER CAPITAL RELATED COSTS						3
5	EMPLOYEE BENEFITS	5,679,074	16.64	-5,679,074	-31.78		4
6	ADMINISTRATIVE & GENERAL	3,186,478	9.33	-3,186,478	-17.83		5
7	MAINTENANCE & REPAIRS	839,681	2.46	-839,681	-4.70		6
8	OPERATION OF PLANT	542,334	1.59	-542,334	-3.03		7
9	LAUNDRY & LINEN SERVICE	84,602	0.25	-84,602	-0.47		8
10	HOUSEKEEPING	475,780	1.39	-475,780	-2.66		9
11	DIETARY	461,536	1.35	-461,536	-2.58		10
12	CAFETERIA	549,621	1.61	-549,621	-3.08		11
13	MAINTENANCE OF PERSONNEL						12
14	NURSING ADMINISTRATION	1,120,209	3.28	-1,120,209	-6.27		13
15	CENTRAL SERVICES & SUPPLY	332,071	0.97	-332,071	-1.86		14
16	PHARMACY	1,924,966	5.64	-1,924,966	-10.77		15
17	MEDICAL RECORDS & LIBRARY	613,261	1.80	-613,261	-3.43		16
18	SOCIAL SERVICE						17
19	NONPHYSICIAN ANESTHETISTS						19
20	NURSING SCHOOL						20
21	I&R SRVCES-SALARY & FRINGES APP						21
22	I&R SRVCES-OTHER PRGM COSTS APP						22
23	PARAMED ED PRGM-(SPECIFY)						23
30	INPATIENT ROUTINE SERV COST CENTERS						
31	ADULTS & PEDIATRICS	2,134,912	6.25	3,474,205	19.44	5,609,117	16.43
40	INTENSIVE CARE UNIT	752,936	2.21	925,056	5.18	1,677,992	4.92
43	SUBPROVIDER - IPF	898,542	2.63	1,087,746	6.09	1,986,288	5.82
44	NURSERY	194,943	0.57	205,453	1.15	400,396	1.17
50	SKILLED NURSING FACILITY	1,085,518	3.18	1,686,925	9.44	2,772,443	8.12
53	ANCILLARY SERVICE COST CENTERS						
54	OPERATING ROOM	958,444	2.81	1,117,462	6.25	2,075,906	6.08
56	ANESTHESIOLOGY	23,447	0.07	134,974	0.76	158,421	0.46
57	RADIOLOGY-DIAGNOSTIC	705,830	2.07	747,049	4.18	1,452,879	4.26
58	RADIOISOTOPE	191,464	0.56	47,494	0.27	238,958	0.70
59	COMPUTED TOMOGRAPHY (CT) SCAN	288,181	0.84	384,928	2.15	673,109	1.97
60	MAGNETIC RESONANCE IMAGING (MRI)	196,695	0.58	26,977	0.15	223,672	0.66
62.30	LABORATORY	1,893,639	5.55	801,992	4.49	2,695,631	7.90
64	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	INTRAVENOUS THERAPY	29,617	0.09	60,660	0.34	90,277	0.26
66	RESPIRATORY THERAPY	367,277	1.08	322,041	1.80	689,318	2.02
68	PHYSICAL THERAPY	1,096,886	3.21	774,271	4.33	1,871,157	5.48
69	SPEECH PATHOLOGY	106,954	0.31	57,546	0.32	164,500	0.48
71	ELECTROCARDIOLOGY	197,952	0.58	49,746	0.28	247,698	0.73
72	MEDICAL SUPPLIES CHRGD TO PATI	958,524	2.81	614,671	3.44	1,573,195	4.61
73	IMPL. DEV. CHARGED TO PATIENT	150,000	0.44	92,739	0.52	242,739	0.71
76.97	DRUGS CHARGED TO PATIENTS			2,203,217	12.33	2,203,217	6.45
76.98	CARDIAC REHABILITATION						73
76.99	HYPERBARIC OXYGEN THERAPY						76.97
91	LITHOTRIPSY						76.98
92	EMERGENCY	648,227	1.90	750,843	4.20	1,399,070	4.10
95	OBSERVATION BEDS						76.99
99.10	OTHER REIMBURSABLE COST CENTERS						91
99.20	AMBULANCE SERVICES	563,970	1.65	600,096	3.36	1,164,066	3.41
99.30	OUTPATIENT SERVICE COST CENTERS						92
99.40	CORF						95
101	OUTPATIENT PHYSICAL THERAPY						99.10
116	OUTPATIENT OCCUPATIONAL THERAPY						99.20
192	OUTPATIENT SPEECH PATHOLOGY						99.30
194	HOME HEALTH AGENCY	748,660	2.19	398,213	2.23	1,146,873	3.36
194.01	SPECIAL PURPOSE COST CENTERS						99.40
194.02	HOSPICE	349,932	1.03	171,437	0.96	521,369	1.53
200	NONREIMBURSABLE COST CENTERS						116
201	PHYSICIANS' PRIVATE OFFICES	1,701,608	4.98	1,121,084	6.27	2,822,692	8.27
202	OTHER NONREIMBURSABLE						192
202	MEMORY DISORDER	23,579	0.07	14,071	0.08	37,650	0.11
202	ASSISTED LIVING						194
202	CROSS FOOT ADJUSTMENTS						194.01
202	NEGATIVE COST CENTER						194.02
202	TOTAL	34,138,633	100.00			34,138,633	100.00

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	256,901	12,858,143	0.019980	1,035,073	20,681	50
53	ANESTHESIOLOGY	33,014	4,976,418	0.006634	284,323	1,886	53
54	RADIOLOGY-DIAGNOSTIC	256,910	7,112,392	0.036121	1,169,866	42,257	54
56	RADIOISOTOPE	7,678	2,702,229	0.002841	165,154	469	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	240,522	6,750,870	0.035628	986,262	35,139	57
58	MAGNETIC RESONANCE IMAGING (MRI)	1,731	1,401,612	0.001235	116,371	144	58
60	LABORATORY	121,656	17,084,342	0.007121	3,920,405	27,917	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
64	INTRAVENOUS THERAPY	1,551	896,421	0.001730	333,475	577	64
65	RESPIRATORY THERAPY	19,990	3,486,391	0.005734	1,950,904	11,186	65
66	PHYSICAL THERAPY	68,714	6,322,781	0.010868	623,842	6,780	66
68	SPEECH PATHOLOGY	2,847	437,639	0.006505	80,645	525	68
69	ELECTROCARDIOLOGY	10,790	2,360,318	0.004571	336,548	1,538	69
71	MEDICAL SUPPLIES CHRGD TO PATI	60,802	4,864,334	0.012500	1,020,659	12,758	71
72	IMPL. DEV. CHARGED TO PATIENT	9,143	525,564	0.017397	67,807	1,180	72
73	DRUGS CHARGED TO PATIENTS	50,328	10,572,492	0.004760	3,660,644	17,425	73
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	73,495	6,839,041	0.010746	926,448	9,956	91
92	OBSERVATION BEDS	33,419	1,118,506	0.029878	72,878	2,177	92
OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES						95
200	TOTAL	1,249,491	90,309,493		16,751,304	192,595	200

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	REDUCED CAPITAL RELATED COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS								
30	ADULTS & PEDIATRICS	422,860	4,178	418,682	5,985	69.96	3,158	220,934 30
31	INTENSIVE CARE UNIT	107,635		107,635	1,435	75.01	1,311	98,338 31
200	TOTAL	530,495	4,178	526,317	7,420		4,469	319,272 200

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS 319,272

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS 192,595

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS 511,867

MEDICARE DISCHARGES (WKST S-3, PART I, LINE 14, COLUMN 13) 1,047

MEDICARE PATIENT DAYS (WKST S-3, PART I, LINE 14, COLUMN 6 - WKST S-3, PART I, LINE 5, COLUMN 6) 4,469

PER DISCHARGE CAPITAL COSTS 488.89

PER DIEM CAPITAL COSTS 114.54

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	7,128,724
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-3 FOR HOSPITAL TITLE XVIII COMPONENT)	20,653,694
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.345

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 9 LINE 41 + WKST D PART IV COL 11 LINE 200))	632,490
2. TOTAL MEDICARE CHARGES (WKST D-3 LINE 40 COLUMN 2 PLUS WKST D-3 LINE 202 COLUMN 2) (SEE CR 5619)	1,146,910
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.551

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 30-35, COLUMN 7 + WKST D PART II, LINE 200, COLUMN 5)	511,867
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	0.025

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 2.02 x COLUMN 1 LESS LINES 61, 66-68, 74, 94, 95 & 96)	2,590,858
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 202, COLUMNS 2, 2.01, & 2.02 LESS LINES 61, 66-68, 74, 94, 95 & 96)	15,476,591
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.167